

MASTERS IN HOSPITAL ADMINISTRATION

Regulations and Curriculum

2019



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block, Jayanagar, Bengaluru - 560 041

Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru

The Emblem



The Emblem of the Rajiv Gandhi University of Health Sciences is a symbolic expression of the confluence of both Eastern and Western Health Sciences. A central wand with entwined snakes symbolizes Greek and Roman Gods of Health called Hermis and Mercury is adapted as symbol of modern medical science. The pot above depicts Amrutha Kalasham of Dhanvanthri the father of all Health Sciences. The wings above it depicts Human Soul called Hamsa (Swan) in Indian philosophy. The rising Sun at the top symbolises knowledge and enlightenment. The two twigs of leaves in western philosophy symbolizes Olive branches, which is an expression of Peace, Love and Harmony. In Hindu Philosophy it depicts the Vanaspathi (also called as Oushadi) held in the hands of Dhanvanthri, which are the source of all Medicines. The lamp at the bottom depicts human energy (kundalini). The script “DevahithamYadayahu” inside the lamp is taken from UpanishathShanthiManthram (BhadramKarnebhiShrunuyanadev...), which says “**May we live the full span of our lives allotted by God in perfect health**” which is the motto of the Rajiv Gandhi University of Health Sciences.

Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru

Vision Statement

The Rajiv Gandhi University of Health Sciences, Karnataka, aims at bringing about a confluence of both Eastern and Western Health Sciences to enable the humankind “Live the full span of our lives allotted by God in Perfect Health”

It would strive for achievement of academic excellence by Educating and Training Health Professionals who

- ❖ Shall recognize health needs of community,
- ❖ Carry out professional obligations Ethically and Equitably and in keeping with National Health Policy,

It would promote development of scientific temper and Health Sciences Research.

It would encourage inculcation of Social Accountability amongst students, teachers and Institutions.

It would Support Quality Assurance for all its educational programmes.

Motto

Right for Rightful Health Sciences Education



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

Ref: ACA/DCD/AHS/MHA/375/2019-20

Date: 28/08/2019

NOTIFICATION

Sub: Revised Ordinance pertaining to Regulation and Curriculum of Master of Hospital Administration.

Ref: 1) Minutes of BOS Allied Health Sciences held on 13/05/2019
2) Proceedings of Faculty meeting held on 15/05/2019
3) Proceedings of AC meeting held on 17/06/2019
4) Proceedings of Syndicate meeting held on 29/06/2019

In exercise of the powers vested under Section 35(2) of RGUHS Act, 1994, the Revised Ordinance pertaining to Regulation and the curriculum of Master of Hospital Administration is notified herewith as per Annexure.

The above Regulation shall be applicable to the students admitted to the said course from the academic year 2019-20 onwards.

By Order,
Sd/-
REGISTRAR

To

The Principals of all affiliated Allied Health Sciences Course colleges of RGUHS, Bangalore.

Copy to :

1. The Principal Secretary to Governor, Raj Bhavan, Bangalore - 560001
2. The Principal Secretary Medical Education, Health & Family Welfare Dept., M S Building, Dr.B.R. Ambedkar Veedhi, Bangalore – 01
3. PA to Vice – Chancellor/PA to Registrar/Registrar (Eva.)/Finance Officer, Rajiv Gandhi University Health Sciences, Bangalore
4. All Officers of the University Examination Branch/ Academic Section.
5. Guard File / Office copy.

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Rajiv Gandhi University of Health Sciences Karnataka

SECTION I
REGULATIONS

Eligibility:

To be eligible for admission a candidate shall have obtained:

Full time Regular Bachelor degree in any one of the following from an institution recognized by respective council where applicable, and is affiliated to RGUHS –viz., MBBS, BDS, B.Sc Nursing (Basic or Post basic) B. Pharm, B.Sc.in Allied Health Sciences, or from any other university established under law considered equivalent thereto by RGUHS. The candidate shall have obtained permanent registration in the respective state council where applicable.

Or

Full time Regular Bachelor degree in Arts, Commerce, Law, Engineering or Management of a University established under law and recognized by the University Grants Commission and shall have obtained a minimum of 50% aggregate of marks in all the years of university examination of degree course. In case of SC/ST candidates the minimum marks shall be 45%.

Medium of Instruction: English shall be the medium of instruction for the subjects of study as well as for the examination.

Duration of study: The duration of the course shall be on full time basis for a period of **two** years consisting of **four semesters** from the commencement of the academic term. Each semester would be of minimum twenty weeks.

Course of study: The course shall be pursued on full time basis. No candidate shall be permitted to work in a health care facility or a related organization or laboratory or any other organizations outside the institution while studying the course. No candidate shall join any other course of study or appear for any other examination conducted by this university or any other university in India or abroad during the period of study.

Rejoining the course: A student who discontinues the academic program for any reason and rejoins the program at a later date shall be governed by rules and regulations, course of study and syllabus, in force at the time of his / her rejoining the course.

3.1. Subjects

The subjects to be perused during the four semesters are shown in Table I

Table – I. Subjects prescribed for the four semesters MHA

Semesters		Subjects
First	Main Subjects	Fundamentals of Management and Organization Behaviour
		Epidemiology & Public Health Administration
		Research Methodology, Quantitative Techniques & Business Statistics
		Management of Non Clinical Services
	Subsidiary Subjects	Human Body and Functions.
Second	Main Subjects	Accounting and Financial Management in Healthcare
		Healthcare Economics and Health Insurance
		Hospital Planning & Project Management
		Management of Clinical Services
Third	Main Subjects	Human Resource Management & Industrial Relations
		Public Relations & Marketing Management in Healthcare
		Legal Aspects in Healthcare & Business Ethics
		Quality Management in Healthcare
Fourth	Main Subjects	Internship
		Project Work on Hospital / Health Care or Case Study on Hospital / Health Care.

3.2 Course content of study

The MHA course comprises of 4 semesters of 20 weeks each.

First semester consist of 20 weeks. First 15 weeks theory classes will be scheduled for the theory papers to be taken for the semester. During these fifteen (15) weeks, each day four (04) hours of theory and two (02) hours of student driven activities such as student's seminar, assignment preparation/presentation and library work shall be scheduled. Weekly 2 hours should be utilized for the journal club presentations. Journal club hours shall be taken by the full time core faculty on rotation basis. During these 15 weeks, the Saturdays can be utilized for additional theory classes and/or hospital / industry visits. (Section V – Table 1) Next 5 weeks the hospital department postings shall be scheduled for a duration of 36 hours/week, excluding lunch and tea breaks. During the department postings students will spend entire week at the selected departments and present a report at the end of posting. Each student shall make a presentation on each of the 5 departments only at the end of 5 weeks.

Second semester – The schedule shall be same as first semester.

Third semester – The schedule shall be same as first semester. In this semester during first 15 weeks, weekly two hours should be exclusively allotted for the project plan / case study plan preparation. (Instead of Journal Club presentations) (Section V – Table 2)

Fourth Semester: The fourth semester comprises of the project work / case study on hospital / health care and internship postings.

Project work / case study preparation on Hospital / Health Care: The students shall work on their project work / case study on hospital / health care for the entire day for a period of 10 weeks under the supervision of the University recognized project Guide. In this semester two hours should be exclusively allotted for training the students in SPSS software. Two project review presentations should be conducted. The presentations shall be evaluated by the project guides and subject experts. **“Students of Master in Hospital Administration (MHA) should complete their Project Wok only from Hospitals attached to Medical Colleges or NABH accredited hospital from 2020-21 batch onwards”** (Notification : Ref: ACA/DCD/AHS/396/2020-21, Dated : 11/06/2020).

Internship: Each student will do a 10 week internship at a hospital (Internal or External) or Health care industry (Manufacturing or Service). Hospital shall be a minimum of 100 bed hospital. Health Care industry can be a manufacturing or service industry. The students shall equip themselves with expertise on organization processes, facilities, utilization and

every aspect of administration. The students shall be under the guidance of recognized MHA guides, in the faculty: student ratio of 1:5. The same project guides shall continue to guide the students in the internship program. At the end of the internship the student shall submit the internship completion certificate from the hospital/industry, submit a report to their guides and do a presentation.

Internship report should contain Introduction, Area of study, Duration, Observations, Results, Discussion and Conclusion.

3.3.1 Teaching hours

The teaching hours for first to fourth semesters are shown in Table – II.

Table II. Distribution of Teaching hours for Theory, Hospital / Practical training and Project Work

Semester	Theory (Minimum 100 hrs/paper)	Hospital department posting / Project/ Case Study/ Internship hrs * days * weeks	Total
First	105 hours X 4 papers Subsidiary Subject - 20 hours	6 X 6 X 5 = 180 hours	600
Second	105 X 4	6 X 6 X 5 = 180 hours	600
Third	105 X 4	6 X 6 X 5 = 180 hours	600
Fourth	NA	360 + 360 = 720 hours	720
Total	1260 Hours	1260 Hours	2520 Hours

Teaching hours:

Ist IInd and IIIrd Semester: (First 15 weeks)

Theory / paper / day / week / semester

One hour / paper / day (Monday to Friday)

Lectures: 5 hours per week X 15 weeks = 75 hours

Students seminar, assignment preparation, case study, library work, other related presentations: 2 hours per week X 15

weeks = 30 hours

Total: 105 hrs/paper

Ist IInd and IIIrd Semester: (Last 5 weeks)

Hospital department postings

6 hours per day X 6 days X 5 weeks = 180 hours.

IV Semester: (First 10 weeks)

Project work / case study preparation

6 hours per day X 6 days X 10 weeks = 360 hours.

Internship: (Last 10 weeks)

6 hours per day X 6 days X 10 weeks = 360 hours

3.3.2 Hospital / Practical training: All candidates shall undergo training in various hospital departments (Minimum Fifteen) as per list appended. They will prepare a report at the end of each posting. Total number of candidates shall be equally divided among the existing fulltime core faculty. (Faculty: Student ratio not exceeding 1: 5/ semester) The faculty shall visit the candidates in their respective departments and guide the candidates and evaluate the reports. All candidates shall complete department posting in a minimum of 15 departments during the entire period of training. Each student shall make a presentation on each of the 5 departments at the end of 5 weeks.

4. Attendance: Every candidate shall have attended at least 80% of the total number of theory and hospital/practical training classes conducted from the date of commencement of the term to the last working day as notified by university in each of the subjects prescribed for that semester separately, in theory and hospital/practical training. Only such candidates are eligible to appear for the university examination in their first attempt. A candidate lacking the prescribed percentage of attendance in any subject either in theory or hospital/practical training in the first appearance will not be eligible to appear for the University Examination in that particular subject.

5. Monitoring Progress of Studies

Work Diary/Record Book- Every student shall attend atleast one annual national conference of the National Hospital Administration Association during the year. Other state conferences, seminars and workshops are optional. Every candidate shall maintain a work diary and record of his/her participation in the training programme. The work diary and record shall be scrutinized and certified by the concerned fulltime core faculty members.

6. Project Work:

Each candidate pursuing MHA Course is required to carry out Project Work on a selected topic or prepare a case study on Hospital / Health Care under the guidance of a recognized post graduate teacher after the submission of project proposal.

The topic for the Project Work should be chosen by the candidate in the third semester based on an area of interest and should be done in a reputed hospital as described in the University guidelines. The student should choose the hospital for the project work under the supervision of the academic advisor at the selected hospital/ healthcare organization and project supervisor at the department. The aim of the project work is to enable the student to gain an in-depth insight into a particular department or topic chosen for the project study.

Project Work/ Case study preparation guidelines

Every candidate shall prepare a project plan or case study plan approved by the guide and submit two hard copies to the Registrar (Academic) of the University in the prescribed Performa, by the end of 10 weeks from the commencement of third semester. The project plan or case study plan shall be sent through proper channel.

The University shall arrange for review of project plan or case study plan and if found suitable shall register the project plan or case study plan. No change in the Project topic shall be made without prior approval of the University.

The Project report shall be written under the following headings:

- Introduction
- Aims or objectives of study
- Review of literature
- Materials and methods
- Data Analysis
- Discussion/Interpretation of Data
- Conclusion
- Summary
- Future Direction of the study
- References
- Tables

- Annexure

The project work may require sample size calculation, basic statistics including percentage, mean and Standard Deviation. The research guides may assist the students in basic statistics. For Advanced statistical analysis the students may opt for internal or external statistician, in consultation with their project guides.

The written text of Project / case study shall not be less than 50 pages and shall not exceed 100 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27” x 11.69”) and bound properly. Spiral binding should not be done. A declaration by the candidate that the work was done by him/her shall be included. The project supervisor and head of the institution shall certify the bonafide of the Project.

A Master’s project (non-thesis) / case study will be completed during the fourth semester and involves the student in a hands-on project led by a project supervisor who will help choose, develop and guide the project from its inception to completion.

Two copies of Project work/ Case Study shall be submitted to the institution along with a soft copy (CD) three months before the final examination. The project reports need not be submitted to the University, however, whenever university desires to verify, the same shall be verified from the copy stored at the Institution. The Project/ Case study shall be assessed and certified by the Project supervisor and Head of the Institution. After completion of the project, the student has to defend his project work in front of two examiners appointed by the university, one internal and one external. 100 marks shall be awarded for Project work. Acceptance of the Project is a pre-requisite for a candidate to be eligible to appear in the final examination.

6.1. Project Supervisor/ Guide: The academic qualification and postgraduate teaching experience required for recognition as Project supervisor.

Qualification:

Masters in Hospital Administration – MHA

M.Sc. in Hospital Administration / Hospital Management

M.B.A. in Hospital Administration / Hospital Management

(All the above degrees should be Regular full time masters program and have been granted by a UGC recognized University)

Experience: SIX years postgraduate teaching experience and Four Publications in an indexed UGC/ MCI recognized journal as first author or Corresponding author.

Or SIX years administrative experience as manager at a recognized teaching hospital with at least 100 beds, after Masters Program and Four Publications in an indexed UGC / MCI recognized journal as first author or corresponding author.

Or

M.D. in Hospital Administration from an institution recognized by Medical Council of India.

Five years postgraduate teaching or administrative experience as manager after a post graduate medical degree in hospital administration from an institution recognized by Medical Council of India and Four Publications in an indexed UGC / MCI recognized journal as first author or corresponding author.

6.2. Student guide ratio: A recognized guide shall supervise dissertation work of not more than five students per academic year. The age of guide / supervisor shall not exceed 65 years.

6.3. Co-Guide may be included, provided the work requires substantial contribution from a sister department or from another institution recognized for teaching by RGUHS. The co-guide shall be a recognized postgraduate teacher of RGUHS.

6.4. Change of Project Supervisor / Guide: In the event of registered guide leaving the Institute/ College due to any reason or in the event of death of the guide or any other valid reasons, project supervisor/academic advisors may be changed and the same shall be intimated to respective students and the project/research committee

7. Scheme of examinations

7.1. Internal Assessment: (See Table III).

7.1.1. Theory: 25 marks per subject

Institutions running the course shall conduct two tests for each subject in each semester for Internal Assessment. The second test shall be conducted one month prior to the university examination so that it also serves as preparatory examination.

7.1.2. Hospital / Practical training: 10 marks are allotted for report during each departmental posting and every candidate shall prepare a brief report on the department which forms part of the records. (50 marks for 5 reports during Ist IInd and IIIrd semester)

Records and marks obtained in tests will be maintained by the college and made available to the university. Marks of periodic tests shall be displayed on the notice board by the Principals without fail.

If a candidate is absent from a test due to genuine and satisfactory reason, such a candidate may be given a re-test within a fortnight. If the candidate has not submitted the report due to genuine and satisfactory reason, such a candidate may be given one week time to submit the report.

Table- III. Distribution of Internal Assessment marks for Main subjects from First to Fourth Semester.

Semesters	Subjects	Total Marks	Total marks
First	Fundamentals of Management and Organization	25	150
	Behaviour		
	Epidemiology & Health Administration	25	
	Research Methodology, Quantitative techniques & Business statistics	25	
	Management of Non Clinical Services	25	
	Hospital Posting	10 x 5= 50	
Second	Accounting and Financial Management in Healthcare	25	150
	Health Economics and Health Insurance	25	
	Hospital Planning & Project Management	25	
	Management of Clinical Services	25	
	Hospital Posting	10 x 5= 50	
Third	Human Resource Management & Industrial Relations	25	150
	Public Relations & Marketing Management in Healthca	25	
	Legal Aspects in Healthcare & Business Ethics	25	
	Quality Management in Healthcare	25	
	Hospital Posting	10 x 5= 50	
Fourth	Internship / Industry posting (10 weeks)	NA	NA
	Project Work or Case Study on Hospital / Health Care.	NA	

To be eligible to appear for the university examination the student should get minimum 50% marks in internal assessment in both theory and practical assessments in each subject/department. **Internal assessment marks shall not be added to the final marks awarded by the University.**

7.1.3. Examination for Subsidiary subject: Human Body and Functions. The examination for the subsidiary subject shall be held one month prior to the first semester examination.

It consists of one paper of three hours duration carrying 100 marks. The respective college shall conduct it. Pass criterion shall be 35% of the maximum marks of the paper.

7.2. University examination

- i. University conducts two examinations in a year at an interval of not less than four to six months.
- ii. Number of examiners for theory and viva voce shall be two, comprising of one internal and one external examiner appointed by the university.
- iii. Qualification and teaching experience required for appointment as an examiner for theory and viva voce.
 - Internal examiner shall have fulltime postgraduate teaching experience of 8 years after the Masters degree in Hospital Administration.
 - External examiner shall have fulltime postgraduate teaching experience of 10 years after the Masters degree in Hospital Administration.
- iv. Theory papers will be evaluated by subject experts who are on the approved panel of examiners in RGUHS.
- v. Eligibility to appear in university examination: A candidate shall be eligible to appear for first semester university examination at the end of six months from the commencement of the course and for subsequent semester university examination at an interval of six months provided he/she has satisfactorily completed the prescribed course and fulfilled the prescribed attendance at the end of each semester.

7.2.1. Theory (Written) examination: Theory examination in first, second & third semester shall consist of four theory papers each of three hours duration. Each paper shall carry 100 marks.

The question paper pattern shall be as follows: Long essays – 8 questions of 10 marks (with two Optional questions) and Short essay – 4 questions of 5 marks each (with one Optional question).

Type of questions	No of questions for each subject	No. of questions and marks for each question	Total Marks
Long Essay	8	8x10	80
Short Essay	4	4x5	20

7.2.2. Viva- voce: This shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills. Both internal and external examiners shall conduct the viva- voce.

A detailed viva voce examination comprising of syllabi of all the semesters and discussion on the project work shall be conducted after the fourth semester theory examinations by a panel of two university appointed examiners, of whom one will be internal and the other external examiner. Marks allotted for viva-voce shall be 100 marks (50 internals + 50 external).

During the viva, the project / case study and internship report shall also be evaluated by the internal and external examiners. Marks allotted for project / case study shall be 100 marks (50 internals + 50 external). Marks allotted for internship report shall be 100 marks (50 internals + 50 external).

The institutions/colleges shall take the responsibility of making the project / case study report and internship report available to the viva-voce examiners.

The particulars of subjects for University examination and distribution of marks are shown in the Table –IV

Table- IV. Subject wise Distribution of Marks for Theory, Practical and Viva Voce Examinations.

Semesters	Number of Theory papers	Subjects	Theory Marks	Viva & Practical	Total Marks
First	Paper -I	Fundamentals of Management and Organization Behaviour	100	NA	400
	Paper-II	Epidemiology & Public Health Administration	100		
	Paper -III	Research Methodology, Quantitative Techniques & Business statistics.	100		
	Paper -IV	Management of Nonclinical Services.	100		
Second	Paper -I	Accounting and Financial Management in Healthcare	100	NA	400
	Paper-II	Healthcare Economics and Health Insurance	100		
	Paper -III	Hospital Planning & Project Management.	100		
	Paper -IV	Management of Clinical Services	100		
Third	Paper -I	Human Resource Management & Industrial Relations	100	NA	400
	Paper-II	Public Relations & Marketing Management in Healthcare	100		
	Paper -III	Legal Aspects in Healthcare & Business Ethics	100		
	Paper -IV	Quality Management in Healthcare	100		
Fourth	Paper -IV	Internship	NA	100	300
		Project Work or Case Study on Hospital / Health Care.	NA	100	
		Viva voce	NA	100	
Grand Total			1200	300	1500

Note: the respective colleges shall conduct the examination for Subsidiary subject. Pass criterion is shall be 35% of the maximum marks of the paper.

7.2.3. Declaration of pass: For I, II and III semester a candidate shall secure a minimum of 50% marks in each paper in university examination to be declared as pass. In case of IV semester a candidate shall secure a minimum of 50% marks in each paper and 50% of marks in viva voce and practical to be declared as pass. A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in subsequent examination after paying fresh fee to the university.

7.2.4. Carry over:

Candidates can carryover only two subjects from any of the semester at a time. It is to be noted that, in the event of candidates completing the final semester successfully but has backlog of previous semesters in such cases the marks card for the final semester will not be issued till such time the candidates clears all the backlog subjects successfully

However a candidate has to clear all subjects to be eligible to receive the degree.

7.2.5. Declaration of distinction: Class/ Rank shall be declared for the examinations on the basis of aggregate marks secured by a candidate at each of these examinations.

- A successful candidate obtaining 75% and more marks of the grand total aggregate in the first attempt shall be declared to have passed these subjects in distinction.
- A successful candidate obtaining 60% and more and less than 75% of the marks of the grand total aggregate in the first attempt shall be declared to have passed these subjects in first class.
- A successful candidate obtaining 50% and more and less than 60% of the marks of the grand total aggregate in the first attempt shall be declared to have passed these subjects in second class.
- A candidate who passes an examination in more than one attempt shall be placed in Pass Class irrespective of the percentage of marks secured.

7.2.6. Number of Attempts: Candidate is permitted not more than 4 attempts for each subject. Candidate will not be allowed to continue the course if he/she fails to comply with the above stipulation. However the candidate can take readmission as a fresh candidate.

7.2.7. Maximum duration for completion of course:

A candidate shall complete the course within six years from date of admission failing which the candidate will be discharged.

7.2.8. Eligibility for award of degree

A candidate shall have passed in all the subjects in the first, second & third semesters and in Viva –voce to be eligible for award of degree.

8 Qualification and Experience required for appointment as faculty on Full time Regular basis for MHA course.

Qualification: A pass in Full time Regular Masters program in Hospital Administration/ Management or - MSc. in Hospital Administration /Hospital Management or M.B.A. in Hospital Administration /Hospital Management from an institution affiliated a to University established under law.

Or

MD - Hospital Administration degree from an institution recognized by Medical Council of India.

8.1. Lecturer:

A pass in Full time Regular Masters program in Hospital Administration/ Management or - MSc. in Hospital Administration /Hospital Management or M.B.A. in Hospital Administration /Hospital Management from an institution affiliated a to University established under law.

*Teachers having postgraduate medical qualification such as MD in Hospital Administration from an institution recognized by Medical Council of India may be appointed as Senior Resident cum Lecturer.

8.2. Assistant Professor

Qualification and experience: The qualification required shall be as that of Lecturer. 01. The experience required shall be three years of teaching experience as a lecturer in an institution conducting full time Bachelors and/or Master's in Hospital Administration /Management or equivalent affiliated to an university established under law Or atleast Three years or more of administrative experience as an administrator in a multi specialty hospital having minimum of 100

beds and approved by RGUHS for that purpose. 02. Two Original Research paper publications as first or corresponding author in an indexed and UGC/MCI recognized Journals are mandatory during the period as Lecturer for appointment as Assistant Professor.

Teachers having postgraduate medical qualification, MD in Hospital Administration from an institution recognized by Medical Council of India may be appointed as Assistant Professor after One year experience as Senior Resident cum Lecturer.

8.3. Associate Professor:

Qualification and experience: the qualification required shall be as that of Assistant Professor. 01. The experience required shall be three years of teaching experience as a Assistant Professor in an institution conducting full time Bachelors and/or Master's in Hospital Administration /Management or equivalent affiliated to an university established under law. 02. Two Original Research paper publications as first or corresponding author in an indexed and UGC/MCI recognized Journals are mandatory during period as Asistant Professor.

Teachers having postgraduate medical qualification such as MD in Hospital Administration from an institution recognized by Medical Council of India may be appointed as Associate Professor after four years experience as Assistant Professor. Two Original Research paper publications as first or corresponding author in an indexed and UGC/MCI recognized Journals are mandatory.

8.4. Professor:

Qualification and experience: the qualification required shall be as that of Associate Professor. 01. The experience required shall be four years of teaching experience as a Associate Professor in an institution conducting full time bachelors and/or master's in Hospital Administration /Management or equivalent affiliated to an university established under law. Two Original Research paper publications as first or corresponding author in an indexed and UGC/MCI recognized Journals are mandatory during period as Associate Professor.

Teachers having postgraduate medical qualification such as MD in Hospital Administration from an institution recognized by Medical Council of India may be appointed as Professor after three years

experience as Associate Professor. Two Original Research paper publications as first or corresponding author in an indexed and UGC recognized Journals are mandatory.

*For faculty with MD- Hospital Administration degree from an institution recognized by Medical Council of India, appointment and promotion will be as per the prevailing Medical Council of India Guidelines. They will be initially appointed as senior residents cum Lecturer and promoted to Assistant professor, Associate professor and Professor as per the MCI Guidelines.

8.5. HoD/Principal: A person having qualification and teaching experience required for Professor of Hospital Administration can hold the post of HOD/Principal.

9. Project supervisor: Qualification and Experience required for recognition as a guide to supervise project work/case study work.

Experience: 01. SIX years postgraduate teaching MHA/MHM Or SIX years administrative experience as manager at a recognized teaching hospital with at least 100 beds, after Masters Program in Hospital Administration / Management and 02. Four Publications in an indexed UGC/MCI recognized Journal.

Or

M.D. in Hospital Administration from an institution recognized by Medical Council of India.

01. Five years postgraduate teaching or Five years administrative experience as manager in a recognized teaching hospital with atleast 100 bed after a post graduate medical degree in hospital administration from an institution recognized by Medical Council of India 02. Four Publications in indexed UGC/MCI recognized Journal.

The regular full time core faculty only can guide the students for the project work and shall be internal or external examiners for the vive voce.

Masters in Hospital Administration (MHA)

SECTION II - Objectives

Objectives:

To acquire the requisite knowledge on the philosophy, objectives, structure, staffing, relationships, operating policies, systems and methods, problems of various departments/services of a hospital for the effective and efficient performance of hospitals.

At the end of the course, the student should:

- Develop understanding of multidisciplinary and multidimensional nature Of hospital management and acquire basic insight into functional discipline.
- Apply scientific management approach and managerial tools to improve managerial skills.
- Develop strategic thinking and critical awareness of management style and constantly weigh its appropriateness to deal with various professional groups, skilled and unskilled staff, patients their families and members of the community.
- Be deeply committed and sensitive to the need of patients as well as community
- Be cost conscious with commitment to keep service cost within the reach of the users.
- Apply total quality management technique (TQM).

SECTION III
Course Content
First Semester

**HA-101 FUNDAMENTALS OF MANAGEMENT AND
ORGANIZATION BEHAVIOUR**

Objective: The Objective of the course is to introduce management concepts and process with a focus on leadership and human behavior in organizations.

Unit 1: 5 hours

Introduction to Management – Definition, Scope and Importance – Principles of Management Evolution of Management Theories.

Unit 2: 15 hours

Functions of Management I: Planning: Basics of planning, steps, types of plans – Strategic Management process. Organization: Meaning and definitions, steps in organization, theories, organization structure, delegation of authority, generalization and de-centralization.

Unit 3: 10 hours

Functions of Management II: Staffing: Man power planning, recruitment, selection and training - Direction: Principles, motivation. - Control: process, quality, control techniques.

Unit 4: 15 hours

Functional Areas of Management: Meaning and dimensions of finance, marketing, human resources, production and operational management. Management in Action: developing conceptual, analytical, inter-personal and team work skills.

Unit 5: 10 hrs

Organizational Behavior – Emergence of OB, Emerging challenges, Individual Behavior: Personality – Learning – Attitudes – Perception – Motivation – Ability – Their relevance to organizational behaviors in hospital management – Group Behavior – Group dynamics – Group norms – Group cohesiveness – Their relevance to organizational behavior.

Unit 6: 10 hrs

Leadership: Definition of Leadership – Leadership Style – Continuum of Leadership Behavior – Managerial Grid Style-Life-Cycle or Situational Approach-Four Systems of Management Leadership – Leadership Skills – Leadership Activities in a Hospital – Functions of a Leader

Unit 7: 10 Hours

Organizational Culture: Meaning, Significance – Organizational Climate, Conflicts – Implications On Organization Behavior – Organizational Change & Conflict – Need And Nature – Causes Of Change – Resistance To Change – Management of Change In Hospitals- Conflict Resolution, power and politics.

Unit 8: 15 Hours

Communication: Definition, Functions, Types, Process, Principles & Barriers – Channels Of Communication, grapevine, modes of communication, body language, feedback, Committees, Meetings, Written Communication: Communication Through Letters & Reports – Communication In The Management Of Health Care Institution – Communication With Media

Unit 9: 10 hours

Entrepreneurship: Definition, Importance, Characteristics of entrepreneurship, challenges faced, Entrepreneurship process – identification of opportunities, market survey, and development of project report.

NOTE: Relevant case studies in healthcare should be taken up for discussion in the class.

REFERENCE BOOKS

- Mirza, S. Saiyadain - “Organizational Behaviour”, Tata McGraw Hill Publishing Company Ltd., New Delhi, 2003.
- Fied Luthans, “Organizational Behaviour”, McGraw Hill Education (Asia), 2005.
- Steven L McShane and Mary Ann Vouglinow, “Organizational Behaviour” Tata McGraw Hill Publishing Company Ltd., New Delhi, 2005.
- Angelo Kinichi and Robert Kreitner “Organizational Behaviour – Concepts Skills and Practices”, Tata McGraw Hill Company Ltd., New Delhi, 2006.
- Stoner, Freeman & Gilbert Jnr – Management- Prentice Hall of India Pvt Ltd New Delhi.
- Heinz Weinrich & Harold Koontz- Management- A global perspective- Tata McGraw Hill New Delhi.\
- Terry Francicin Principles of Management, AITBS Publishers and Distributors, New Delhi
- Macgrath E H- Basic Managerial Skills for all- Prentice Hall of India Pvt Ltd, New Delhi.
- Rao V S P & Krishna Hari V (2006) – Management- Text & Cases, Excel Books, New Delhi.
- Prasad L M – Principles and Practice of Management – Sultan Chand & Sons, New Delhi.
- Tripathi P C & Reddy P N – Principles of Management.
- C B Gupta- Principles of Management.
- Hospital Administration - Joshi & Joshi; Jaypee Publication

HA 102- EPIDEMIOLOGY & PUBLIC HEALTH ADMINISTRATION

OBJECTIVE: To create understanding about health environment of the country, the development of health services in India, and other essential health issues faced and their effect on formation of health policies for the country.

Unit1: 15 Hours

Concept of Health: Definition of health, dimensions of health, concept of wellbeing, determinants of health, responsibility for health, indicators of health, health services philosophers, concept of disease and causation, natural history of disease, concept of disease control and prevention, modes of interventions.

Unit 2: 20 Hours

Epidemiology: Aims of epidemiology, epidemiological approach, basic measurements in epidemiology, epidemiological methods, procedures in descriptive study- case control study, interpreting epidemiological data, surveillance, monitoring, Notifiable diseases, International classification of Diseases (ICD), uses of epidemiology, dynamics of disease transmission- chain of infection, modes of transmission, susceptible host and host defense, disease prevention and control disinfection:- natural, physical and chemical agents, disinfection procedures, steps in investigation of epidemics, Role of hospitals in control of epidemics, applied epidemiology in hospitals.

Unit 3: 10 Hours

National Health Policy– Health for all by 2000 AD and Primary Health Care - Role of Health education and communication – Overview of health policy (NHP-1983-2015, HFA2000, MDG, Five Year plans), National population policy and five year plans – Health committees and their recommendations – National Health Budget.

Unit 4: 10 Hours

Health Programmes in India: National Malaria Control Programme, National Leprosy Eradication Programme, National Tuberculosis Control Programme and National AIDS Control Programme, National Rural Health Mission and Reproductive and Child Health Programme.

Unit 5: 15 Hours

Environment and Health: Source of water, water pollution, purification of water, water quality standards, air pollutants indoor air quality, Types of ventilation and radiations, Disposal of wastes: Solid waste, modern sewage treatment. Hospital Waste Management: health hazards, incinerators, disaster management- fundamental aspects.

Unit 6: 10 Hours

Occupational Health: Measures for health protection of workers, prevention of occupational diseases, engineering measures, Legislation, Employee State Insurance Act: Benefit to workers.

Unit 7: 10 Hours

Communication for Health Education: Communication process, types, barrier functions of health communication, methods of health communications, mass media, mass communication, health care reporting and roles of NIC health planning and management.

Unit 8: 10 Hours

Health planning and management: Definition, planning cycle, modern management methods and techniques, Health Management functions. Levels of management. Duties of medical officer - Primary Health Care. Steps in planning of subcentre, Steps in evaluation of Health Services, Elements of evaluation.

TOTAL

100 Hours

NOTE: Relevant case studies in healthcare should be taken up for discussion in the class.

REFERENCE BOOKS

- J E Park & K Park(2017) – Text Book of Preventive and Social Medicine, Banarisdas Bhanot, Jabalpur. 24th edition.
- Sunder Lal, Adarsd, Pankaj. (2009) Textbook of community medicine – preventive and social medicine. CBS Publishers & distributors Pvt Ltd.
- J H Helberg – Community Health
- David Morley & others – Practising Health for all.
- Stephen E Gray – Community Health
- Gill Watt – Health Policy
- Sathe&Sathe(1997) – Epidemiology & Management for Healthcare for all Popular Books.
- Francis C M – Medical Ethics – Jaypee Brothers, New Delhi

HA 103. RESEARCH METHODOLOGY, QUANTITATIVE TECHNIQUES & BUSINESS STATISTICS

OBJECTIVE: To introduce the concept of Scientific Research and the methods of conducting Scientific Enquiry. To develop an understanding of basic techniques of statistics and its application in research and business.

Unit 1: 10 Hours

Introduction to Research: Meaning and scope of research in hospital administration, scientific process in research- Types of research- Planning of research studies- Writing research proposals- formulation of research problem, objectives and hypothesis, Ethical aspects in research.

Unit 2:15 Hours

Data and Data Collection: Meaning of data - types of data- Sources of Data, Primary and Secondary data, Data collection methods - Qualitative (Interviews – structured and semi-structured, In-depth interviews and focus group discussion) and quantitative (questionnaire survey and interview schedule). Observation and Check-list. Scales of measurement and methods of construction of scales. Classification and tabulation of data -Graphical presentation of data.

Unit 3 :10 Hours

Sample and Sampling: Census study, Sample study, sampling methods – probability sampling (simple random, stratified random, cluster sampling, systematic sampling and multi-stage sampling), non-probability sampling (quota, purposive, judgmental, convenience, snow-ball), Calculating sample size. Report writing.

Unit 4: 25 Hours

Nature and Type of Distributions: Range. Measures of central tendency- (Mean, Median, Mode) and dispersion (Mean Deviation, Standard Deviation, Quartiles, Deciles, Variance) -

Correlation and Linear Regression- Pearson Correlation- Spearman's rank correlation - and their applications.

Probability –Meaning, theorems (addition & multiplication theorem), Probability distribution – Binomial distribution, Poisson distribution, Normal distribution. Skewness and Kurtosis (theoretical explanation and diagrams only).

Unit 5: 20 Hours

Inferential Methods – Relevance, Testing of Hypothesis –Type I & II error, Level of significance, Parametric & Nonparametric test – meaning & relevance. Parametric tests (numerical problems) – Independent t test, dependent t test, Z test, Nonparametric tests- Chi square test.

Unit 6: 20 Hours

Operation Research: An overview of Operation Research and its application in hospital administration. Limitations of OR. Techniques of OR, Linear Programming: PERT, CPM, simulation, queuing theory. (No numerical problems to be considered under all techniques.

TOTAL

100 Hours

NOTE: Relevant case studies in healthcare should be taken up for discussion in the class.

REFERENCE BOOKS

- Cooper R Donald, Schindler S Pamela (2001) – Business Research Methods, Tata McGraw Hill Publications Ltd, New Delhi
- Gupta S P Statistical Methods, Sulthan Chand & Sons New Delhi 2001
- Kothari C R.- Research Methodology – Methods and Techniques
- Norma G Reid – Research Methodology & Statistics in Healthcare.
- Mike Luck – Research in Healthcare.
- Weiss, N.A., Introductory Statistics. Addison Wesley, 1999.
- Gupta. S.C and Kapoor. V.K. Fundamentals of Mathematical Statistics, Sultan Chand and sons, 2001

HA 104. MANAGEMENT OF NON CLINICAL SERVICES

OBJECTIVE: To enable the students gain insights in to various aspects like importance, functions, policies and procedures, equipping, controlling, co-ordination, communication, staffing, reporting and documentation of the nonclinical services in a hospital.

Unit 1: 15 Hours

Supportive services: Diagnostic - Radiology & Imaging services, Hospital Laboratory etc- Blood bank & Transfusion services, Ambulance services, Pharmacy, CSSD, Oxygen Manifold/Concentrator, Dietary Service, Hospital Laundry and Linen, Medical Social Worker, Marketing and Public Relation, Finance and Administrative departments- Outsourcing, staff health, Medical staff organization and community health.

Unit 2: 15 Hours

Utility Services: Housekeeping, Central Stores and purchase department, Medical Records- confidentiality of records, reception, enquiry, registration and admission, central billing and accounts, Cafeteria/canteen, Mortuary, Biomedical Department, Hospital Engineering and maintenance, Fire and safety, HVAC System.

Unit 3: 15 Hours

Materials Management: Importance of Materials Management – Materials Planning, functions of purchase department, Procurement Procedure, Standardization and simplification, inventory control techniques, different types of hospital inventories, Quality Control – Value Analysis , Condemnation & Disposal, Condemning board, Stock outs of Hospital stores, pilferage, preservation of stores, hospital supply chain management, recent trends in hospital stores management. Hospital supply chain management.

Unit 4: 10 Hours

Medical Records Management: Meaning – Functions – Principles of record keeping – Importance of medical records to patients, Doctors, Hospitals, Public health, Police, Court of

Law, Educations and Research. Records organization and Management: Classification of records – indexing and filling of records – Problem oriented medical records.

Unit 5: 15 Hours

Information Management in Hospital Information System: Introduction to HIS. Functions, advantages, Types, need assessment, costing. Levels of use of information in the system, Vertical transmission, Modules of HIS (Reception, Laboratory, Radiology, Blood Bank, Financial, pharmacy, materials & Information system) – Modeling of Hospital Information system – Information processing tools in hospital –Architecture of HIS – Electronic Health Records (EHR) – Clinical decision support system: disease management & disease registries. Medical Imaging informatics – PACS - Latest trends in healthcare Informatics, Application of Artificial Intelligence (AI) in Health Care.

Unit 6 – 20 hours

Waste Management: Biomedical Waste Management: Meaning – Categories of biomedical wastes –Process. Disposal of biomedical waste products – Methods, Government Rules and regulations – Standards for Waste autoclaving, microwaving and deep burial. Human Waste Disposal and Sewage Disposal: Methods of disposal –Modern sewage treatment – Drawbacks of improper disposal of wastes – Solid and liquid – Effluent Treatment Plan.

Unit 7 – 10 hours

Maintenance and safety: Maintenance – preventive, periodic, breakdown, Annual Maintenance Contract, Electrical safety of medical equipments – accident prevention, psychological effects of electrical current, calibration, repair of equipments, radiation safety, effects of radiation, safety precautions, protection methods, hospital safety.

TOTAL

100

NOTE: Relevant case studies in healthcare should be taken up for discussion in the class.

REFERENCE BOOKS

- Goel S L & Kumar R. 2004. Hospital Core Services: Hospital Administration of the 21st Century. Deep Deep Publications Pvt Ltd: New Delhi
- Gupta S & Kant S. 1998. Hospital & Health Care Administration: Appraisal and Referral Treatise. Jaypee: New Delhi
- Harris M G & Assoc. 2003. *Managing Health Service: Concepts & Practices*. MacLennan + Petty: Sydney
- Kelly D L. 2006. Encyclopaedia of Quality Management in Hospitals & Health Care Administration. Vol 1-6. Pentagon Press: Chicago
- Kilpatrick A O & Johnson J A. 1999. Handbook of Health Administration & Policy. Marcel Dekkes Inc: New York
- Kumar A. 2000. Encyclopaedia of Hospital Administration & Development: Volume I. Anmol Publications Ltd: New Delhi.
- Ransom S B. Joshi M S & Nash D B. 2006. The Health Care Quality Book: Vision, Strategy & Tools. Standard Publishers Distributors: Delhi
- Reddy N K S. 2000. Medical Jurisprudence & Toxicology. ALT Publications: Hyderabad
- Rao M S. 1992. Health & Hospital Administration in India. Deep & Deep Publications: New Delhi
- Management Information System – Ken Landon, Jaw Lando , Rajanish Dass
- Hospital Information System : A course Study – S A Kelkar

Subsidiary Subject

HUMAN BODY AND FUNCTIONS

Cell: Morphology. Organelles: their structure and functions, Transport mechanisms across the cell membrane.

Blood: Composition and functions of blood.

Nerves: Structure and functions of neurons. Classification, Properties and impulse transmission of nerve fibers.

Cardiovascular System: Physiological anatomy and nerve supply of the heart and blood vessels. Conducting system. Cardiac Cycle: Phases of cardiac cycle. Heart sounds – causes, character.

Respiratory System: Anatomy and Physiology: – Pleura, tracheo-bronchial tree, alveolus, respiratory membrane and their nerve supply. Functions of respiratory system, Mechanics of breathing, Disorders of Respiration (Dyspnea. Orthopnea, Hyperpnoea, hyperventilation, apnea, tachypnea.)

Digestive System: Physiological anatomy and nerve supply of alimentary canal, Functions of salivary glands, esophagus, stomach, liver, pancreas, intestines, and mechanism of defecation.

Renal system: Physiological anatomy of nephrons and kidneys, Functions of kidneys, Mechanism of Urine Formation, Mechanism of glomerular filtration.

Endocrine System: Major endocrine glands, Hormone: classification, mechanism of action. Functions of hormones.

Reproductive System: Physiological anatomy reproductive organs. Functions of testes, ovaries and uterus.

Special senses: Vision: Functional anatomy of eye ball. Functions of cornea, iris, pupil, aqueous humor, lens, vitreous humor, rods and cones. **Audition:** Physiological anatomy of the ear. Functions of external ear, middle ear and inner ear. **Taste:** Taste buds. Primary tastes. **Smell:** Olfactory membrane. Olfactory pathway.

Nervous System: Organization of CNS: - Central and peripheral nervous system. Functions of nervous system. Structure and functions of brain, spinal cord & CSF.

Medical Terminologies.

TOTAL

20 Hours

Reference: Medical dictionary.

SCHEME OF EXAMINATION

Theory: - There shall be four papers of 3 hrs duration, carrying 100 marks each.

MHA First semester (Theory)

THEORY EXAMINATION

Duration : 3 Hrs

Max Marks:100

Distribution of Marks

Type of questions	No of questions for each subject	No. of questions and marks for each question	Total Marks
Long Essay	8	8x10	80
Short Essay	4	4x5	20

Paper wise questions

HA-101 FUNDAMENTALS OF MANAGEMENT AND ORGANIZATION BEHAVIOUR

TOPIC	PERCENTAGE/WEIGHTAGE	Section
Introduction to Management	10%	Short Essay
Functions of Management I	10 %	Long & Short Essay
Functions of Management II	10%	Short Essay
Functional Areas of Management	10%	Short Essay
Organizational Behavior	10%	Short Essay
Leadership	10%	Long & Short Essay
Organizational Culture	10%	Short Essay
Communication	20%	Long & Short Essay
Entrepreneurship	10%	Short Essay

HA 102- EPIDEMIOLOGY & PUBLIC HEALTH

ADMINISTRATION

TOPIC	Percentage/weightage	Section
Concept of Health	10 %	Short Essay
Epidemiology	20 %	Long & Short Essay
National Health Policy	10 %	Short Essay
Health Programmes in India	10 %	Long & Short Essay
Environment and Health	10 %	Long & Short Essay
Occupational Health	10 %	Short Essay
Communication for Health Education	20 %	Long or Short Essay
Health planning and management	10 %	Short Essay

HA-103 RESEARCH METHODOLOGY, QUANTITATIVE TECHNIQUES & BUSINESS STATISTICS

TOPIC	Percentage/ Weightage	Section
Introduction to Research	10%	Short Essay
Data and Data Collection	20%	Long & Short Essay
Sample and Sampling	10%	Short Essay
Nature and Type of Distributions	20%	Long & Short Essay
Inferential Methods	20%	Long & Short Essay
Operation Research	20%	Long & Short Essay

HA 104- MANAGEMENT OF NON CLINICAL SERVICES

TOPIC	Percentage/ weightage	Section
Supportive services	20%	Long & Short Essay
Utility Services	20%	Long & Short Essay
Materials Management	10%	Long & Short Essay
Medical Records Management	10%	Short
Hospital Information System	20%	Long or Short Essay
Waste Management	10%	Short Essay
Maintenance and safety	10%	Short Essay

Second Semester

HA 201. ACCOUNTING AND FINANCIAL MANAGEMENT IN HEALTH CARE

Objectives: To familiarize the students the concept, principles and techniques of Financial Accounting, Cost Accounting and Financial Management and their application in managerial decision making and quality control in health care.

Unit 1: Hours 15

Financial Accounting – Meaning, Concepts, Conventions, Meaning of IFRS and Indian Accounting Standards (Ind – AS), Accounting Equations, Rules for debiting and crediting, Branches of Accounting, Accounting systems and methods, Classification of expenditure into revenue and capital, Process of Accounting, Trial Balance, Preparation of Financial Statements in Health Care (Theory & Illustrative Problems)

Management Accounting–Meaning, Objectives, Financial Statement Analysis, Common size analysis, Comparative Statements, Trend Analysis, Cash Flow Statements and Ratio Analysis (Meanings and Illustrative Problems only in Ratio Analysis).

Unit 2: Hours 10

Disclosure of Fixed Assets–Fixed Assets, Depreciation Accounting, Meaning, Straight Line Method and Diminishing Balance Method (Only Theory).

Inventory Management – Meaning, Component, Stock levels – Maximum Stock levels, Minimum stock levels, Re-ordering levels, Danger levels (Only Theory); EOQ (Theory and Illustrative Problems), Inventory Control - ABC analysis, VED analysis, Just in time, FNS (Only Theory).

Unit 3: Hours 10

Pricing of Hospital Services –Factors Determines, Pricing Policies, Methods – Cost Based, Demand Oriented, Rate of Return, Competition Based, Backward pricing, and Contribution Pricing; Hospital Rate setting and Rate Revision, Pricing of new equipment.

Activity Based Costing (ABC)–Meaning – Activity, Value Added and Non-value added activity, Cost Driver, Cost Object; Stages in ABC, Benefits of ABC (Only Theory).

Unit 4: Hours 15

Cost Accounting – Concepts and Classification, Meaning, Material, Labour, Overheads, Costing Methods and Systems –Marginal Costing and Standard Costing – Meaning, Uses (Only Theory); Budget and Budgetary Control – Meaning, Requisites of Sound Budgeting Systems, Budgeting Process, Functional Budgets, Zero Based Budgets, Flexible Budgets, Performance Budget (Only Theory); Service Costing – Meaning, Calculation of Cost Units, Utility (Theory and Illustrative Problems), Break Even Point and CVP Analysis –Meaning, Methods, Computation of Break-even point, Margin of Safety, Sales, Volume, Profit, Contribution and PV Ratio (Theory and Illustrative Problems).

Unit 5: Hours 10

Financial Management – Nature, Functions, Objectives, and Scope; Risk return trade off – Meaning, Types, Monitoring; Time Value of Money – Meaning, Methods – Backward and Discounting Methods (Theory and Illustrative Problems).

Unit 6: Hours 15

Working Capital Management – Introduction, Operating Cycles – Gross and Net (Theory and Illustrative Problems); Concepts, Factors influencing, Optimal Capital Structure (Theory and Illustrative Problems), Trading on Equity (Meaning).

Cash Management – Meaning, Motives of Holding Cash, Liquidity vs. Profitability, Cash Management models –BAUMOL’s model, Miller ORR model (Only Theory).

Receivable Management – Introduction, Cost of Extending Credit, Cost Benefit Analysis, Credit Rating of Customers, Credit Policies, Age-wise Classification and ABC classification of Debtors, Debtors Collection Policy (Only Theory).

Unit 7: Hours 10

Short term and Long term Financing – Meaning, Factors determining, Different Sources –Equity, Preference Capital, Debentures, Bank Loans, Institutional Credits, Trade Credit, Leasing, Hire Purchase, Instalment Purchase, Venture Capital Financing etc.

Unit 8: Hours 15

Capital Budgeting and Capital Structure

Capital Budgeting – Introduction, Capital Investment Process, Projected Cash Flows, Appraisal Techniques – Payback method, ARR, NPV, IRR, and Profitability Index (Theory and Illustrative Problems).

Capital Structure – Introduction, Meaning, Financial Structure vs. Capital Structure, Determination of Optimal Capital Structure (Theory and Illustrative Problems), Leverages – Meaning, Types of Leverages –Operating Leverage, Financial Leverage, and Combined Leverage (Theory and Illustrative Problems).

Total 100 Hours

Note: Relevant case studies in health care should be taken up for the discussion in the class.

Reference Books:

- SP Jain and K.L. Narang – Cost Accounting, Kalyani Publishers, New Delhi.
- B. S. Raman – Financial Accounting, United Publishers, Mangaluru.
- G.R. Kulkarni, P. Satya Shankar and Libert Anil Gomes – Financial Management for Hospital Administration.
- Jaypee Brothers Medical Publishers Pvt. Ltd. New Delhi.
- Kulkarni G.R. (2003) – Managerial Accounting for Hospital, Mumbai
- IGNOU (2005) – MS-4 Accounting and Finance for Managers, IGNOU New Delhi.

- Bhattacharya S.K. and John Deardren (2001) – Accounting for Management Text and Cases, Vikas Publishing House Pvt. Ltd., New Delhi.
- Jawaharlal (2002) – Accounting for Management, Himalaya Publishing House, Mumbai.
- Khan and Jain (2001) – Cost and Management Accounting, Prentice Hall, New Delhi.
- Pandey I.M. (2001) – Financial Management, Vikas Publishing House, New Delhi.
- Jain and Narang (2001) – Cost Accounting, S. Chand and Co., New Delhi.
- Arora M. N. (2012) – Accounting for Management, Himalaya Publishing House, Mumbai.
- Prasanna Chandra (2001) – Financial Management, Tata McGraw Hill Pvt. Ltd., New Delhi.
- IGNOU (2005) –MS-42 Capital Investment and Financing Decisions, IGNOU New Delhi.
- Dr. P.C. Tulasian (2009) – Financial Management, S. Chand & Co., New Delhi.
- Maheshwari S. N. – Financial Management, Sulthan Chand & Sons, New Delhi.
- D. F. Buck – Basic Hospital Finance Management.
- James C. Van Horne (2002) – Financial Management Policy, Prentice Hall of India, New Delhi.

HA 202. HEALTHCARE ECONOMICS AND HEALTH INSURANCE

The objective of this paper is to give the students basic principles of Economics and Healthcare Economics. At the end of this course the student must be able to analyze healthcare services in the context of both the micro and macro-economic situations.

Unit 1: 15 hours

Fundamentals of Economics: Economics and its scope – Micro and Macro Economics – Demand, demand curve, laws of demand – Supply, supply curve, laws of supply – Utility, laws of utility – Factors of production, land, labour, capital, entrepreneurship

Unit 2: 15 hours:

Market, its functioning and changes in Indian healthcare market: Market, its meaning, Open market, closed market- Competition - Monopoly- Oligopoly – monopolistic- perfect competition. Is Healthcare a commodity - Recent changes in health care market – Globalization and healthcare – Foreign Direct investment in Indian healthcare – medical tourism in India.

Unit 3: 15 hours

Healthcare Spending: Health as investment and expense – Healthcare expenditure- impoverishment due to healthcare expenditure – catastrophic health expenditure – Financial protection in healthcare – Out of Pocket Expenditure, Universal Health Coverage- Public health expenditure in India

Unit 4: 10 hours:

Access and equity in Healthcare: Access to healthcare, different dimensions of access - Equity in healthcare, Social Justice in healthcare, Use of healthcare technology – health technology assessment

Unit 5: 15 hours

Financial Protection in Healthcare: Public run healthcare systems – NHS (UK) and its functioning, - Private run healthcare systems – purchasing of services- American model- Private and public mix in Indian Healthcare – Government supported Healthcare Insurance schemes in India, Private health Insurance services in India, Third party administration, Insurance Regulation in India, IRDA- Community based insurance schemes.

Unit 6: 30 Hours

Health Insurance: Introduction – Insurance, types of Insurance, Principles of Health Insurance, Health Insurance Products, Group Insurance Products, Product design. Introduction to Claims management: significance of claims settlement - nature of claims from various classes of insurance, role of Third Party Administrators, Risk assessment - underwriting and premium setting - tax planning. Development and Evaluation Community based/ Social Health Insurance: ESIS, CGHS. Private Health Insurance: Reliance, Bajaj Alliance etc. Community Health Insurance, Indicators for monitoring a health insurance program, Measures to improve universal health insurance scheme, International experience with Employee-based health insurance. Third Party Administrators: Role, process of claim, regulations, problems faced by customers and providers, IRDAI. - Current trends in Health Insurance - International and Indian scenario.

Total 100 Hours

Note: Relevant case studies in health care should be taken up for the discussion in the class.

REFERENCE BOOKS

1. Text Book of Global Health (2017) Anne Emanuelle Birn, Yogan Pillay and Timothy H Holtz. Oxford University Press.
2. Access to Medicine in India (2014) Sakthivel Selvaraj, Dinesh Abrol, K.M.Gopakumar, Academic Foundation, New Delhi.
3. Inequity in Indian Healthcare – Brijech C Purohit
4. Lawton Robert Burns: India's Healthcare Industry – Innovation in delivery, financing and manufacturing . Camebridge publishers. 2014
- 5.

HA 203 – HOSPITAL PLANNING & PROJECT MANAGEMENT

OBJECTIVES: To give an idea about hospital, its role the delivery of healthcare delivery system, the changing requirements of health services vis- a vis hospital design, planning and operational aspects of Hospital organization.

Unit 1– 10 hours

History & development of Hospitals – definition, classification, role & functions – Hospitals in India today – their number, types, size, distribution, ownership, utilization, issues & trends – Hospital as a system - Hospital Administration as a specialty - Hospital Organization - Governing board- Hospital Administrator; role and functions

Unit 2– 15 hours

Hospital Planning– General consideration – Process of hospital planning – Hospital Design- Guiding principles in planning & design – Architects: role & functions in planning – Architects brief – Choosing a site - Site survey -- Long range plans and facility master plan – Circulation pattern – Planning of different types of hospitals: 50 beds, 100 beds, 500 beds and above. Operational and functional planning - operations planning – hospital building – Space requirement- Equipment Management – Demand estimation - Strategies of Hospital Equipment – Planning and Selection – Purchase procedure – Installation and commissioning – Equipment Utilization & Audit – Hospital Equipment Repair and Maintenance.

Unit 3: 10 hours

Hospital project management and consulting: Meaning and Definition- Concept on project & project management- Project life cycle- Project Planning- feasibility study, Work breakdown structure- Planning cycle. The Consulting Process: Entry: Initial contracts – preliminary problem diagnosis – terms and references – assignment strategy and plan – proposal to the client – consulting contract.

Unit 4 – 15 Hours

Planning & designing Clinical Services: Outpatient Department- executive OPD, emergency, Operating Department – In patient Department, Ward designing- general & specialized- planning and designing of deluxe and super deluxe wards, Isolation rooms, Intensive Care Unit general & specialized, CCU. NICU, Nuclear Medicine Department, Physical Medicine Department, Burns, Nephrology services - Renal dialysis unit, Transplantation unit.

Unit 5 – 10 Hours

Planning & designing Support Services: Radiological and other imaging services, Hospital Laboratory services, Blood Transfusion services, Ambulance services, Pharmacy services, Central Sterile Supply Department (CSSD), Oxygen Manifold/Concentrator, Dietary services, Hospital Laundry.

Unit 6 – 10 Hours

Planning & designing Utility Services: Housekeeping services- Hospital Stores- Medical Records, Admission, enquiry and registration- Hospital establishment and offices, Cafeteria services- Welfare services- Mortuary.

Unit 7: 10 hours

Standards for designing hospital facilities: General standards, mechanical, electrical, centralized medical gas system - Hospital Engineering Services – Clinical / Biomedical engineering. Electrical System, Air conditioning system, Water supply and sanitation system, communication systems, environmental control. Safety & security considerations while planning – fire hazard- disaster management – maintenance department - occupational safety.

Unit 8: 10 hours

Hospital Disaster Planning: Components of Disaster plan – Pre-hospital & hospital, Disaster preparedness, Disaster plan formulation & implementation – planning of triage area, disaster plan and crisis management. - Role of Hospitals, Community, Voluntary agencies and Government in disaster management, safety planning against hospital hazards, hospital designing to manage fire hazards.

Unit 9: 10 hours

Recent trends in hospital planning: Green hospital designs, Implementation of green hospital strategies, Planning and design of value added services in health care industry, planning for telemedicine, Role of hospital planning in medical tourism, Facility designs to reduce Hospital Acquired Infections.

Total

100 Hours

Note: Relevant case studies in health care should be taken up for the discussion in the class.

REFEERNCE BOOKS

- Kunders, G D.(2002) - Designing for Total Quality in Healthcare, Prism Books Pvt Ltd, Bengaluru
- Kunders, G D (2004) – Facilities Planning and Arrangement in Healthcare, Prism Books Pvt Ltd, Bengaluru.
- Davies Llewellyn R & Macaulay H M C(1995) – Hospital Planning and Administration, Jaypee Brothers, New Delhi
- CharneyWilliam(1999)- Handbook of Modern Hospital Safety -Lewis Publishers Pvt Ltd, London.
- Sakharkar B M(1998)- Principles of Hospital Admisnitation& Planning – Jaypee Publishers New Delhi

HA 204 – MANAGEMENT OF CLINICAL SERVICES

OBJECTIVE: To enable the students gain insights in to various aspects like importance, functions, policies and procedures, equipping, controlling, co-ordination, communication, staffing, reporting and documentation of the nonclinical services in a hospital.

Unit 1: 10 Hours

Outpatient department, Speciality clinics, Dental Clinic, daycare services, Accident and emergency services, Physical medicine and rehabilitation, Occupational therapy unit, Physiotherapy department.

Unit 2: 15 Hours

Inpatient services: ward design (general & Specialized) Critical Care Services- ICU CCU, NICU- Medical Services- Surgical services- Operation Theatre –Labour theatre, Labour and delivery room, Nuclear Medicine Department, Burns Unit and isolation rooms.

Unit 3: 20 Hours

Speciality services: Meaning – Importance – Types – Anaesthesia, Internal Medicine, Cardiology, Thoracic Surgery, Dermatology, Endocrinology, Gastroenterology, Oncology, Orthopaedics, ENT, Ophthalmology, -Dental, Psychiatry, Plastic surgery –General

Paediatrics – Urology – Obstetrics and Gynaecology – Neonatology, Physiotherapy – Neurology, Neurosurgery, Nephrology- Dialysis Unit, Transplantation Services.

Unit 4: 15 Hours

Nursing Services: Objective-Nursing Nursing administration – Duty of nursing officers – Nursing and support staff in the ward – Nursing by-laws, rules, policies and procedures – Nursing meetings – Nursing audit – Determining nursing complement in hospital

Unit 5 - 10 Hours

Hospital Acquired infection: Types of infection – Common Nosocomial infection and their Causative Agents – Prevention of hospital acquired infection – Role of central sterile supply department – Infection control committee – Monitoring and control or cross infection- Staff health: prevention of needle stick injuries – Hospital Hygiene.

Unit 6: 10 hours

Biomedical equipment: Requirements, functions, allocation to various therapeutic and investigative departments. Explanation on each of the equipment: ECG monitor, pulse oxymeter, infusion pump, anaesthesia machine, endoscopes, haemodialysis machine, lithotripsy, angiogram, Tread Mill, EEG, EMG, pacemakers, defibrillator, ventilator, patient monitoring systems, short wave diathermy, ultrasonic and microwave diathermy.

Unit 7: 15 hours

Concept Of Patient Care & Patient-Centric Management - Organization of hospital departments - Roles of departments/managers in enhancing care. Patient counselling. Patient safety and patient risk management need for quality care – Crowd Management, Patient Classification Systems – Types – ICD (CM, PM)

Unit 8: 5 Hours

Hospital Statistics: Types (Out – Patient record, Causality Emergency, Surgery, Obstetrics and gynaecology, paediatrics, investigation and diagnosis) – Hospital Statistics

Total

100 Hours

Note: Relevant case studies in health care should be taken up for the discussion in the class.

REFERENCE BOOKS

- Goel S L & Kumar R. 2004. Hospital Core Services: Hospital Administration of the 21st Century. Deep Deep Publications Pvt Ltd: New Delhi
- Gupta S & Kant S. 1998. Hospital & Health Care Administration: Appraisal and Referral Treatise. Jaypee: New Delhi
- Harris M G & Assoc. 2003. *Managing Health Service: Concepts & Practices*. MacLennan + Petty: Sydney
- Kelly D L. 2006. Encyclopaedia of Quality Management in Hospitals & Health Care Administration. Vol 1-6. Pentagon Press: Chicago
- Kilpatrick A O & Johnson J A. 1999. Handbook of Health Administration & Policy. Marcel Dekkes Inc: New York
- Kumar A. 2000. Encyclopaedia of Hospital Administration & Development: Volume I. Anmol Publications Ltd: New Delhi.

- Ransom S B. Joshi M S & Nash D B. 2006. The Health Care Quality Book: Vision, Strategy & Tools. Standard Publishers Distributors: Delhi
- Reddy N K S. 2000. Medical Jurisprudence & Toxicology. ALT Publications: Hyderabad
- Rao M S. 1992. Health & Hospital Administration in India. Deep & Deep Publications: New Delhi

Second Semester SCHEME OF EXAMINATION

Theory: - There shall be four papers of 3 hrs duration, carrying 100 marks each.

MHA Second semester (Theory)

THEORY EXAMINATION

Duration : 3 Hrs

Max Marks:100

Distribution of Marks

Type of questions	No of questions for each subject	No. of questions and marks for each question	Total Marks
Long Essay	8	8x10	80
Short Essay	4	4x5	20

Paper wise questions HA 201. ACCOUNTING AND FINANCIAL MANAGEMENT IN HEALTH CARE

TOPIC	Percentage/ Weightage	Section
Financial Accounting & Management Accounting	10%	Short Essay
Disclosure of Fixed Assets & Inventory Management	15%	Long & Short Essay
Pricing of Hospital Services & Activity Based Costing (ABC)	10%	Long & Short Essay
Cost Accounting	20%	Long & Short Essay
Financial Management	10%	Short Essay

Working Capital Management & Cash Management & Receivable Management	15%	Long & Short Essay
Short term and Long term Financing	10%	Short Essay
Capital Budgeting and Capital Structure	10 %	Short Essay

HA 202- HEALTHCARE ECONOMICS AND HEALTH INSURANCE

TOPIC	Percentage/ Weightage	Section
Fundamentals of Economics	10 %	Short Essay
Market, its functioning and changes in Indian healthcare market.	20 %	Long & Short Essay
Healthcare Spending	15%	Short Essay
Access and equity in Healthcare	15%	Short Essay
Financial Protection in Healthcare	15 %	Long & Short Essay
Health Insurance	25 %	Long & Short Essay

HA-203 HOSPITAL PLANNING & PROJECT MANAGEMENT

TOPIC	Percentage/ Weightage	Section
History & development of Hospitals	10%	Short Essay
Hospital Planning	20%	Long & Short Essay
Hospital project management	10%	Short Essay
Planning & designing Clinical Services	10%	Long & Short Essay
Planning & designing Support Services	10%	Long & Short Essay
Planning & designing Utility Services	10%	Long & Short Essay
Standards for designing hospital facilities	10%	Short Essay
Hospital Disaster Planning	10%	Long & Short Essay
Recent trends in hospital planning	10%	Long & Short Essay

HA 204- MANAGEMENT OF CLINICAL SERVICES

TOPIC	Percentage/	Section
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	Weightage	
Outpatient & other departments	10%	Long & Short Essay
Inpatient services	20%	Long & Short Essay
Specialty services	20%	Long & Short Essay
Nursing Services	20%	Long & Short Essay
Hospital Acquired infection	20%	Long & Short Essay
Biomedical equipment	10%	Short Essay
Concept Of Patient Care & Patient-Centric Management	20%	Short Essay
Hospital Statistics	10%	Short Essay

Third Semester

HA 301: HUMAN RESOURCE MANAGEMENT & INDUSTRIAL RELATIONS

OBJECTIVE: To provide understanding of the concepts, principles & practices of human resource management & to appreciate the need for systematic approach to people management.

Unit 1: 10 Hours

Introduction to Human Resource Management: changing environment of Human Resource Management – Organization of Human Resource Department, Personnel Policies & Principles- Human Resource Development: Interventions- managerial Effectiveness, strategic HR, qualities and competency requirements of HRD managers.

Unit 2: 10 Hours

Human Resource Planning: Meaning & definition, importance, factors affecting, barriers, forecasting – Job Analysis & Design: nature, methods of collecting information, job description, job specification, factors affecting job design, techniques of job design – Recruitment & Selection; Meaning, definition, purpose and importance, factors governing, process, barriers, sources of recruitment, selection techniques, testing and interviews.

Unit 3: 10 Hours

Orientation: Orientation programme, problems in orientation, need, socialization - Training: Nature, analyzing training need, Need for Training, Training Process,

Impediments to effective training, evaluating the training effort, training methods, Development.

Unit 4: 10 Hours

Performance Appraisal: Definition, Importance, Need to appraise, Process, Appraisal Methods: Past Oriented and Future Oriented, Appraisal Interview, Errors in Appraisal, Competency Mapping, Job Evaluation – Employee & Executive remuneration & Compensation: Components of remuneration, Influences on pay determination, Devising a remuneration plan, challenges affecting remuneration, Wage policy in India- Incentives, developing effective incentive plans, Types of incentive schemes – Benefits & Services: Meaning & definition, types, principles of fringe benefits, insurance, medical, retirement benefits.

Unit 5: 10 Hours

Employee Welfare: Meanings & Definitions, Merits & demerits, types of welfare activities, Approaches – Safety & Health in Healthcare: types of accidents, that causes accidents, how to prevent accidents, Need for safety, Employee Health (physical & mental) - Problem & Remedies, Job Stress – Promotions Transfers and Separations.

Unit 6:10 hours

Wage and salary administration: Wage policy, wage regulation machinery, wage board, growth and development, composition and functions, evaluation of wage bonds. Minimum Wages Act and Payment of wages Act 1936, wage component, method of wage payment, method of wage fixation, advisory board to fix minimum wages, wage fixation committee.

Unit 7:10 hours

Social Security Laws: The Employee Provident Fund & Miscellaneous Provisions Act, 1952. The Employees State Insurance Act, 1948. The Payment of gratuity Act, 1972, The Employees Compensation Act, 1923. The Maternity Benefit Act, 1961. Equal Remuneration Act Rules, 1976.

Unit 8: 20 Hours

Industrial Relations: Concept, significance, objectives, principles of good industrial relations, structure and process of industrial relations. Industrial disputes, causes, forms, industrial relations machinery, joint consultations, works committee, conciliations, court of enquiry, voluntary arbitration, adjudication.

Participative Management: Concept, Determinants, schemes, Discipline & disciplinary Procedure– Collective Bargaining – Concept & Meaning, Prerequisites, Process, Types, Advantages & Disadvantages, Grievance: Causes, guidelines for grievance handling, grievance redressal procedure, causes of indiscipline, code of discipline, disciplinary settlement procedure, code of conduct. Trade Unions - factors contributing to the rise of trade unionism, Nature, Process, Causes of Grievance.

Unit 9: 10 Hours

Human Relations and teamwork in hospitals: Ways and means of maintaining cordial relations, Importance of human relations in hospitals, Importance of team work in hospitals, McGregor’s characteristics of effective teams, Recognizing good or bad team work.

TOTAL

100 Hours

NOTE: Relevant case studies in healthcare should be taken up for discussion in the class.

REFERENCE BOOKS

- Dessler, Gary(1998) – Human Resource Management, Prentice Hall of India, New Delhi
- Beardwell. Ian, & Holden. Len (1996) - Human Resource Management, MacMillan India Ltd, New Delhi.
- Ashwathappa K.,(2006), Human Resource & Personnel Management, Tata McGraw-Hill Publishing Company Ltd, New Delhi.
- Srivastava S C(2001), Industrial Relations & Labour Laws, Vikas Publishing House Pvt Ltd., New Delhi.
- Monappa, Arun,(2000), Industrial Relations, Tata Mc Graw- Hill Publishing Company Limited, New Delhi.
- DeCenzo,A David, Robbins P Stephen.,(1999) Personnel/ Human Resource Management, Prentice Hall of India Pvt Ltd, New Delhi.

- Labour and Industrial Laws, P K Padhi, Second Edition, PHI learning Pvt Ltd.
- R C Goyal. (2000) Human Resource Management in Hospitals. Third edition. Printice Hall of India.

HA 302: PUBLIC RELATIONS & MARKETING MANAGEMENT IN HEALTHCARE

OBJECTIVE: To introduce marketing and public relations concepts and their relevance to health administrators and to sensitize health administrators regarding the application of marketing and public relations.

Unit 1 – 10 hours

Introduction to Marketing: Meaning, definition, approaches to marketing, functions and concepts – Components of Marketing, role of marketing in modern organizations, major concepts in demand measurement and marketing research.

Unit 2 – 15 hours

Market Segmentation, targeting and positioning: Identification of market segments, Consumer and business clientele, Segmenting consumer markets, Segmentation basis, Selecting target market, developing and communicating a positioning strategy, marketing mix. Market measurement and Forecasting- Defining market - Measuring current market demand - Forecasting Demand, Market Segmentation and Targeting - Steps in Segmentation and Targeting - Target Marketing, Consumer Analysis - Consumer Buying Process - Organization Buyer Behaviour - Consumer Adoption Process.

Unit 3 – 15 hours

Marketing Mix - Nature and Characteristics of Services - Marketing Approaches to New Services Development - Service Mix Decision - Service Item Decision - Service Life Cycle Decision - Demand Generation, Pricing Decisions - Pricing Objectives in Healthcare - Pricing Strategy - Present and Future Situation, Place Decisions - Major Distribution

Decisions - Strengthening Referral System - Promotion Decisions, Sales Force in Healthcare Organizations - Advertising in Healthcare Industry - Sales Promotion Practices in Healthcare Organizations - Publicity Practices Marketing Mix Strategy, marketing Collaterals, Marketing Management: Customer Relationship Management (CRM).

Unit 4 – 10 hours

Marketing of Services: Characteristics of services, goods and services, service quality and delivery, expectations management. - Marketing and servicing of Health Insurance, Different elements of insurance marketing, uniqueness of insurance markets, distribution Channels for selling insurance: role of regulatory authority in supervising promotional activities, Social Marketing - Steps in Social Marketing - Cognitive, Action, Behaviour and Value Changes.

Unit 5 – 10 hours

Marketing Research: The Importance of Research, When to Do Marketing Research, Data Dimensions in Marketing Research, Primary Versus Secondary Data, Geographic Level, Temporal Dimension, Dimensions of Marketing Research, Sources of Data, Internal Audit, External Audit.

Unit 6 – 10 hours

Application of Marketing in Health care: Definition of health care Marketing, target market in healthcare, Branding in Health care, Benefits of Health care marketing, Relevance and Application - difference between health care and other services as regards marketing - Social Media marketing, -e- marketing strategies. Challenges of Health care Marketing.

Unit 7 – 15 hours

Medical Travel – Introduction, Nature and scope of medical Tourism, Tour Operation Management, Hospitality industry and Medical Tourism, Regulatory laws & Ethical issues for Medical Tourism, Marketing and packaging of Medical Tourism, Travel formalities and legal requirements.

Unit 8- 15 hours

Public relations: Introduction, Define Public, different types of public in relation to Hospital set up, Concept of Public Relation, Principles of Public Relation in Hospitals, Public Relation Department -Functions, responsibilities, Authority, Inter and Intra Departmental Relationship, Patient's Expectation & Satisfaction. Functions of Public Relations, Types of Public Relation, Public Relation Tools:- Advertising, Films as media of mass communication, Radio, T.V., Exhibitions, House Journals, Need for Public Relation, Guest Relations, Importance of Public Relations in Hospitals, Public service organization, Role of Public Relation officer in the hospital.

TOTAL

100 Hours

NOTE: Relevant case studies in healthcare should be taken up for discussion in the class.

REFERENCE BOOKS

- Kotler, Phillip & Gary Armstrong – Principles of Marketing Prentice Hall of India Pvt Ltd, New Delhi.
- Kotler, Phillip & Clarke Roberta – Marketing for Healthcare Organizations, Prentice Hall, New Jersey.
- Ramaswamy V S & Namkumari S – Marketing Management –Planning, Implementation and Control- Macmillan India Ltd NewDelhi
- Chengis Haksever, Barry Render etc- Service Management and Operations – Pearsons Education Inc, New Delhi.
- Jha S M – Services Marketing.
- Sommers & Barnes – Fundamentals of Marketing.
- Center, Allan H & Jackson Patrick – Public Relations Practices: Managerial case Studies & Problems.
- Canfield Bertrand & Moore Frazier H, - Public Relations, Principles, Cases & Problems.
- James E Grunig- Managing Public Relations.
- Handbook of Public Relations in India – Mehta D S

HA 303: LEGAL ASPECTS IN HEALTHCARE & BUSINESS ETHICS

OBJECTIVE: To expose the students to the various legal aspects concerning business, service and healthcare and create awareness on the relevance and their application

Unit 1 – 10 Hours

Introduction – Sources of law – Foundations of Indian Constitution – Important Provisions under Indian Contract Act –Trust Act – Societies Registration Act. Basic differences between companies, partnerships, societies and charitable trusts.

Unit 2 – 25 Hours

Law governing the commissioning of Hospital & Patient Safety: - Companies Act-Indian Electricity Rules & Act – National Building Act – AERB Rules – Environment Protection Act – Bio- Medical Waste Management Rules – Indian Boilers Act — Gas Cylinder Rules – Rules Governing operation of Lift-Prevention of Food Adulteration Act –Prohibition of Smoking in Public Places Rules. Mental Health Act

Unit 3 – 15 Hours

Laws Governing Healthcare Professionals: - Indian Medical Council Act –Indian Nursing Council Act –Apprenticeship Act- Prohibition of Violence Against Medicare Service Personnel And Damage To Property In Medicare Service Institutions Act –PC-PNDT Act – MTP Act – Transplantation of human Organs Act –Birth & Death Registration Act.

Unit 4 – 10 Hours

Law governing drugs & safe medication: - Pharmacy Act, Drugs & Cosmetics Act – Narcotics & Psychotropic Substances Act. Blood bank Regulations, Drug Controller and controlling mechanism in India, Pharmaceutical Price Controlling in India. Human drug trial regulations under ICMR.

Unit 5 - 15 Hours

Law Governing to Employment & Management of Manpower: - Equal Remuneration Act, ESI Act & Rules, Trade Unions Act – Industrial Disputes Act – Minimum Wages Act - Provident Fund Act - Payment of Gratuity – Workmen Compensation Act – EPF Act - Standing Orders Act - Maternity Benefit Act.

Unit 6 – 15 Hours

Laws Governing to Medico Legal Aspects: - Medical Negligence: Meaning, Components, Consumer Protection Act- Law of Torts- Indian Evidence Act – Criminal Liability, Civil Liability, Vicarious Liability – Law of Privileged Communication – Patient Consent – - Dying Declaration – Importance of Section 52, 80,89,90,92 & 93 of Indian Penal Code.

Unit 7 – 10 Hours

Ethics in Healthcare: Introduction to ethics; nature, scope and purpose - Values, Norms, Beliefs and Standards – Ethical Guidelines for Bio-Medical Research – Indian Medical Council (Professional Conduct, Etiquette & Ethical Regulation).

TOTAL

100 Hours

NOTE: Relevant case studies in healthcare should be taken up for discussion in the class.

REFERNCE BOOKS

- Kuchhal M C(2001) – Business Laws, Vikas Publishing House Pvt Ltd, New Delhi
- Goswani V G (1999) – Labour& Industrial Laws, Central Law Agency, Allahabad.
- Kapur ND,(2005) A Handbook of Industrial Law, Sultan Chand and Sons New Delhi.
- Rajkumar – Acts applicable to hospitals in India
- Knight Bernard – Legal Aspects of Medical Practice.
- Saravanavel & Others – Labourlaws- Himalaya Publishing House, Bengaluru
- Bhatia S K – Business ethics and Managerial Values, Deep &Deep Publications Pvt Ltd, New Delhi
- Murthy C S V – Business Ethics: text & cases, Himalaya Publishing House, Bengaluru
- Biswanath Ghosh – Ehtics in Management and the Indian Ethos, Vikas Publishing House Pvt Ltd, New Delhi

HA 304– QUALITY MANAGEMENT IN HEALTHCARE

OBJECTIVE: To make the student conversant with the importance of total quality in healthcare, evolution of quality management, strategy for quality management, continuous quality improvement, co ordination of activities, assessment of quality, quality techniques.

Unit1: 15 Hours

Introduction to quality: Concepts & Determinants of quality, Evolution of Quality in healthcare, Donabedian Model, Contributions of Quality Gurus-Deming, Taguchi's, Ishikawa, Juran, Feigenbaum. Cost of quality and economics of quality, Concepts of Quality Assurance, Prerequisites of Quality Management in hospitals.

Unit 2: 15 Hours

TQM: Importance and significance of TQM. Tools in TQM, TQM Models, Statistical Quality control, Benchmarking, Business Process Reengineering, Quality Circles, Kaizen, Quality Function Deployment (QFD), CQI

Unit 3:10 Hours

Assessments of quality: criteria & standards for evaluation, common criteria – patient care, workload, promptness of service, Equipment management, Facility management, Performance of support services, HR management, Financial performance, Safety management, Legal compliance

Unit 4: 15 Hours

Methods of Quality Improvement: Concept & application of Lean Management: 5S, Value stream mapping, root cause analysis, PDCA, Poka Yoke, Concept & application of Six sigma: DMAIC, DMADV

Unit 5: 15 Hours

Quality Audits: Concurrent, Terminal and Cyclic Evaluation. Audit in health care. Medical audit, Nursing audit, Pharmacy audit, Clinical audit. Tissue Committee. Infection Control Committee. Audit protocol, Audit team duties and responsibilities, Patient Satisfaction Survey

Unit 6: 15 Hours

Patient Safety -Accidents in hospitals: Errors in medication, Human errors, technical errors, documentation errors, Critical incidents: Near miss, Sentinel, Adverse events with examples, Models of safety, Culture of Safety, Importance of mortality review & steps of review,

Unit 7:15 Hours

Accreditation- Concept of Hospital Accreditation, ISO and its Implementation in Health Care, JCI & NABH accreditation, authorities for accreditation in India, Quality awards, ISQua: Process for accreditation, CRISIL ratings for hospitals, National Committee for Quality Assurance (NCQA, USA), Healthcare Effectiveness data& Information set (HEDIS)

Total

100 Hours

Note: Relevant case studies in health care should be taken up for the discussion in the class.

REFERNCE BOOKS

- Quality Management in Health Care, Principles and Methods, Donald Lighter and Douglas C Fair, Jones and Bartlett Publishers, 2004

- Total Quality Management - James R Evans- South Western Publishers 2nd edition, 2000
- Hugh C H Koch – Total Quality Management in healthcare.
- Sridhar Bhat - Total Quality Management, *Himalaya House pub., Mumbai, 2002*
- Sundara Raju S.M. - Total Quality Management: A Primer, *Tata McGraw Hill*
- Giridhar Gyani - Handbook of healthcare quality & Patient safety, Jaypee
- S K Joshi – Quality Management in Hospitals
- Making Quality Count – Dr J Jacob

Third Semester

SCHEME OF EXAMINATION

Theory: - There shall be four papers of 3 hrs duration, carrying 100 marks each.

MHA Third semester (Theory)

THEORY EXAMINATION

Duration : 3 Hrs

Max Marks:100

Distribution of Marks

Type of questions	No of questions for each subject	No. of questions and marks for each question	Total Marks
Long Essay	8	8x10	80
Short Essay	4	4x5	20

Paper wise questions

HA 301: HUMAN RESOURCE MANAGEMENT & INDUSTRIAL RELATIONS

TOPIC	Percentage/Weightage	Section
Introduction to Human Resource Management	10%	Short Essay
Human Resource Planning	15 %	Long & Short Essay
Orientation	10%	Short Essay
Performance Appraisal	10%	Long & Short Essay
Employee Welfare	10%	Short Essay
Wage and salary administration	10%	Long & Short Essay
Social Security Laws	10%	Short Essay
Industrial Relations	15%	Long & Short Essay
Human Relations and teamwork in hospitals	10%	Short Essay

HA-302 PUBLIC RELATIONS & MARKETING MANAGEMENT IN HEALTHCARE

TOPIC	Percentage/ Weightage	Section
Introduction to Marketing	10 %	Short Essay
Market Segmentation, targeting and positioning	15 %	Long & Short Essay
Marketing Mix	15 %	Long & Short Essay
Marketing of Services	10 %	Short Essay
Marketing Research	10 %	Short Essay
Application of Marketing in Health care	10 %	Long & Short Essay
Medical Travel	10 %	Short Essay
Public relations	20 %	Long & Short Essay

HA 303: LEGAL ASPECTS IN HEALTHCARE & BUSINESS ETHICS

TOPIC/ NUMBER	Percentage/ Weightage	Section
Introduction	10%	Short Essay
Law governing the commissioning of Hospital & Patient Safety	25%	Long & Short Essay
Laws Governing Healthcare Professionals	15%	Long & Short Essay
Law governing drugs & safe medication	10%	Short Essay
Law Governing to Employment & Management of Manpower	15%	Long & Short Essay
Laws Governing to Medico Legal Aspects	15%	Long & Short Essay
Ethics in Healthcare	10%	Short Essay

HA 304- QUALITY MANAGEMENT IN HEALTHCARE

TOPIC/ NUMBER	Percentage/ Weightage	Section
Introduction to quality	10%	Short Essay
TQM	20%	Long & Short Essay
Assessments of quality	10%	Long & Short Essay
Methods of Quality Improvement	20%	Long & Short Essay
Quality Audits	10%	Long & Short Essay
Patient Safety	10%	Short Essay
Accreditation	20%	Long & Short Essay

Fourth Semester

The fourth semester comprises of the project work / case study preparation on hospital / health care and internship postings.

Project work / Case study on Hospital / Health Care: The students shall work on their project work / case study preparation on hospital / health care for the entire day for a period of 10 weeks under the supervision of the University recognized project Guide. Two project review presentations should be conducted. The presentations shall be evaluated by the project guides and subject experts.

Statistical Analysis: Two hours should be exclusively allotted for training the students in SPSS software. Students can Opt either internal or external statistician for the statistical work, in consultation with the project guides.

Internship: Each student will do a 10 week internship at a hospital or health care industry. Hospital shall be a minimum of 100 bed hospital. Health Care industry can be a manufacturing or service industry. The students shall equip themselves with expertise on organization processes, facilities, utilization and every aspect of administration. The students shall be under the guidance of MHA faculty, in the faculty: student ratio of 1:5. At the end of the internship the student shall submit the internship completion certificate from the hospital/industry, present a report and do a presentation.

SECTION-IV

MONITORING LEARNING PROGRESS

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only also helps teachers to evaluate students, but also students to evaluate themselves. The monitoring must be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Model Checklists are given in this Unit which may be copied and used. Maintaining these checklists is mandatory and must be made available during the inspections.

The learning out comes to be assessed should include:

Acquisition of Knowledge: The methods used comprise of 'Log Book' which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made are to be recorded. The log book should periodically be validated by the supervisors. Some of the activities are listed.

i) Department Posting Review Meeting: The candidate should do a minimum of five department posting presentations each semester. The ability to do in depth study, presentation skills and use of audio- visual aids are to be assessed. The assessment is made by fulltime core faculty members attending the review meeting using a checklist. (see Model Checklist – I, Section IV) The checklist of the department visits by the faculty and department posting report evaluation list will be maintained by fulltime core faculty wise. (see Model Checklist – II & III, Section – 1V)

A minimum of five studies per semester should be conducted by the candidate in guidance with the concerned fulltime faculty visiting the departments and should be documented faculty wise. (see Model Checklist – IV, Section – 1V). The studies should be evaluated and signed by the concerned fulltime faculty, spiral bound and maintained every semester.

ii) **Seminars:** The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio- visual aids are to be assessed using a checklist (see Model Checklist-V, Section IV)

iii) **Journal Club:** During the Ist and IInd semester, weekly 2 hours will be exclusively allotted for the journal club presentations. The responsibility of which has to be taken by the fulltime core faculty on rotation basis, to ensure that articles/studies on the health care/industry are chosen. The assessment shall be made by fulltime core faculty member attending the journal club presentation using a checklist. (see Model Checklist – VI, Section IV)

vi) **Teaching skills:** Candidates should be encouraged to teach graduate students, if any. This performance should be based on assessment by the faculty members of the department in the Faculty:Student ratio of 1:5. and from feedback from the undergraduate students (See Model checklist VII, Section IV).

v) **Project Work:** Candidate should work under the guidance of the project guide for a duration of 2 hours/week in the third semester and prepare a plan of project work / case study and submit to the university by the end of 10 weeks from the commencement of third semester. Candidate's attendance of the same shall be maintained faculty/guide wise.

Candidate should work on the project work/ case study, under the guidance of project guide for the entire day (6 hours) for duration of 10 weeks in the fourth semester. Candidate's attendance of the same shall be maintained faculty/guide wise.

There should be two progress review presentations and the progress should be assessed by the guide and the full time core faculty members of the department. Candidate's attendance of the same shall be maintained.

Continuous project work review shall be conducted by the project guide and fortnightly assessment should be made by the guide using a checklist. (See Model checklist VIII, Section IV).

vi) **Conference/Workshops/CME:** The students should attend a minimum of one annual national conference in a year. They shall submit a report of the conference. A full time MHA faculty shall accompany the students on rotation basis and also evaluate the reports. Record of the same shall be maintained in the log book and signed by the concerned faculty.

vii) **Hospital Visit:** A minimum of 5 hospital visits / semester shall be arranged for the students. Students shall submit a report of the hospital visit. A full time MHA faculty shall accompany the students for the hospital visit on rotation basis and also evaluate the reports. Record of the same shall be maintained in the log book and signed by the concerned faculty.

viii) **Hospital tour:** Yearly hospital visit tour to an external facility can be arranged for the students. When such a tour is arranged, students should be accompanied by full time

MHA faculty. Record of the same shall be maintained in the log book and signed by the concerned faculty.

Log book

ix)) Work diary / Log Book- Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of experiments or laboratory procedures, if any conducted by the candidate.

x) Records: Records, log books and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University.

Log book

The log book is a record of the important activities of the candidates during his training, Internal assessment should be based on the evaluation of the log book. Collectively, log books are a tool for the evaluation of the training programme of the institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate.

Format for the log book for the different activities is given in Tables 1 and 2 of Section IV. Copies may be made and used by the institutions.

Procedure for defaulters: Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right.

Annexure 1

Format of Model Checklists

Checklist-I: MODEL CHECKLIST FOR EVALUATION OF DEPARTMENT POSTING REVIEW PRESENTATIONS

NAME OF THE STUDENT:

Date:

Name and signature of the faculty:

Sl No.	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very Good 4
1	Extent of understanding of the department activities and processes.					

2	The content and coverage of the presentation.					
3	Audio-visuals aids used.					
4	Clarity of presentation.					
5	Ability of the presenter to communicate the subject matter.					
6	Ability to analyze and interpret the department problems.					
7	Ability to respond to questions on the subject.					
8	Any other observation.					
	Total score					

Checklist - II: MODEL CHECK LIST FOR DEPARTMENT POSTING VISITS BY THE FACULTY.

Name of the faculty:

Sl No	Date	Time	Name of the candidate	Activity	Signature of faculty	Signature of Candidate
1						
2						
3						
4						
5						

Checklist - III: MODEL CHECK LIST FOR DEPARTMENT POSTING REPORT EVALUATION

Name of the faculty:

Sl No.	Date	Name of the candidate	Department	Remarks	Marks	Signature of faculty
1						
2						
3						
4						
5						

Checklist - IV: MODEL CHECK LIST FOR HOSPITAL DEPARTMENT STUDY

Name of the faculty:

SI No.	Date	Name of the candidate	Department	Title of the minor study	Signature of faculty
1					
2					
3					
4					
5					

Checklist-V: MODEL CHECK LIST FOR THE EVALUATION OF THE SEMINAR PRESENTATIONS

Name of the student:

Date:

Name and signature of the faculty:

SI No.	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very Good 4
1	Extent of understanding of scope & objectives of the presentation topic.					
2	The content and coverage of the presentation.					
3	Whether other relevant references have been consulted.					
4	Ability to respond to questions on the paper /subject.					
5	Audio-visuals aids used.					
6	Clarity of presentation.					
7	Ability of the presenter to communicate the subject matter.					
8	Creative/innovative suggestions made by the presenter.					
9	Any other observation.					
	Total score					

Checklist-VI: MODEL CHECKLIST FOR EVALUATION OF JOURNAL CLUB PRESENTATIONS

NAME OF THE STUDENT:

Date:

Name and signature of the faculty/ Observer:

SI No	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very Good 4
1	Extent of the selected article / study.					
2	The content and coverage of the presentation.					
3	Audio-visuals aids used.					
4	Clarity of presentation.					
5	Ability of the presenter to communicate the subject matter.					
6	Ability to analyze and interpret.					
7	Ability to respond to questions on the subject.					
8	Any other observation.					
	Total score					

Checklist - VII: MODEL CHECK LIST FOR EVALUATION OF TEACHING SKILL

Name of the student:

Date:

Name and signature of the faculty/ Observer:

SL. No.		Strong Point	Weak point
1	Communication of the purpose of the talk		
2	Evokes audience interest in the subject		
3	The introduction		
4	The sequence of ideas		
5	The use of practical examples and /or illustrations		
6	Speaking style (enjoyable, monotonous, etc., specify)		
7	Summary of the main points at the end		
8	Ask questions		
9	Answer questions asked by the audience		
10	Rapport of speaker with his audience		
11	Effectiveness of the talk		
12	Uses of AV aids appropriately		

Checklist - VIII: MODEL CHECK LIST FOR PROJECT WORK REVIEW BY THE GUIDE.

Name of the student:

Date:

Name of the Guide:

SI No	Date	Timings and Hours	Progress	Signature of guide	Signature of Student
1					
2					
3					
4					
5					

LOG BOOK

Table 1: Academic activities attended:

Name:
Admission Year:
College:

Date	Type of activity: Specific Seminar, presentation, UG teaching	Particulars

Table 2: Academic presentations made by the student

Name:
Admission Year:
College:

Date	Topic	Type of activity, Specific Seminar, department postings presentation, UG teaching.

Section V

MODEL TIME TABLE

Table 1: Model time table Ist & IInd Semester

Day	8.30 am to 9.30 am	9.30 am to 10.30 am	11.00 am to 12.00 am	12.00 am to 1.00 am	2.30 am to 4.30 am (Student driven activities)
Monday	Paper 1	Paper 2	Paper 3	Paper 4	Paper 4
Tuesday	Paper 2	Paper 3	Paper 4	Paper 1	Paper 3
Wednesday	Paper 3	Paper 4	Paper 1	Paper 2	Paper 2
Thursday	Paper 4	Paper 1	Paper 2	Paper 3	1 Paper
Friday	Paper 1	Paper 2	Paper 3	Paper 4	Journal Club
Saturday*	Paper 2	Paper 3	Paper 4	Paper 1	Hospital/Industry Visit

***Saturdays Classes or Hospital/Industry Visit.**

Table 2: Model time table IIIrd Semester

Model time table IIIrd Semester

Day	8.30 am to 9.30 am	9.30 am to 10.30 am	11.00 am to 12.00 am	12.00 am to 1.00 am	2.30 am to 4.30 am Student driven activities)
Monday	Paper 1	Paper 2	Paper 3	Paper 4	Paper 4
Tuesday	Paper 2	Paper 3	Paper 4	Paper 1	Paper 3
Wednesday	Paper 3	Paper 4	Paper 1	Paper 2	Paper 2
Thursday	Paper 4	Paper 1	Paper 2	Paper 3	1 Paper
Friday	Paper 1	Paper 2	Paper 3	Paper 4	Project / Case study plan preparation
Saturday*	Paper 2	Paper 3	Paper 4	Paper 1	Hospital/Industry Visit

***Saturdays Classes or Hospital/Industry Visit.**

SECTION-VI

ETHICS IN MHA

(Should be taught to the students of MHA.)

Introduction: With the advances in science and technology and the increasing needs of the patient, their families and community, there is a concern for the health of the community as a whole. There is a shift to greater accountability to the society. It is therefore absolutely necessary for each and every one involved in the health care delivery to prepare them to deal with these problems. Hospital administrators like the other professionals are confronted with many ethical problems.

Standards of professional conduct for Hospital administrators are necessary in the public interest to ensure an efficient hospital service. Every Hospital administrators should not only be willingly to play his part in giving such a service, but should also avoid any act or omission which would prejudice the giving of the services or impair confidence, in respect, for Hospital administrators as a body.

To accomplish this and develop human values, it is desired that all the students undergo ethical sensitization by lectures or discussion on ethical issues.

Introduction to ethics-

What is ethics?

General introduction to Code of Medical and Business Ethics

How to form a value system in one's personal and professional life?

International code of ethics.

Ethics of the individual-

Hospital administrator's relation to his job

Hospital administrators in relation to his trade

Hospital administrators in relation to medical profession

Hospital administrators in relation to his profession

Professional Ethics-

Code of conduct

Confidentiality

Fair trade practice

Handling of prescription

Mal practice and Negligence

Professional vigilance

Research Ethics-

Experimental research/ humanness

Human volunteer research - informed consent

Gathering all scientific factors

Gathering all value factors

Identifying areas of value – conflict, setting priorities

Working out criteria towards decision
ICMR/ CPCSEA/ INSA Guidelines for human / animal experimentation

Recommended reading

Francis C.M., Medical Ethics, I Edition, 1993, Jay pee Brothers, New Delhi p189.
Good Clinical Practices : GOI Guidelines for clinical trials on Pharmaceutical Products in India (www.cdsc.nic.in)
INSA Guidelines for care and use of Animals in Research – 2000.
CPCSEA Guidelines 2001(www.cpcsea.org).
Ethical Guidelines for Biomedical Research on Human Subjects, 2000, ICMR, New Delhi.
ICMR Guidelines on animal use 2001, ICMR, New Delhi.

SECTION-VII

Minimum Requirements of infrastructure and Teaching staff

1. Guidelines to Start MHA

1. Any organization under:(i) Central Government/State Government/Local body (ii) Registered Private or Public Trust (iii) Missionary or any other organization registered under Society Registration Act (iv) Company incorporated under section 25 of company's act and has hospital or healthcare as one of the objectives and also has the required infrastructure & faculty can start Masters in Hospital Administration (MHA) Course.
2. MHA course shall be offered by a separate Hospital Administration college/ department that has been registered and recognized by Government of Karnataka. It shall not offered by any department of other colleges.
3. **The Masters in Hospital Administration course shall be conducted only in those Institutions, which have been conducting Bachelors in Hospital Administration (BHA) course for a minimum period of Three Years recognized by GOK and RGUHS / at least one batch of BHA should have passed out.**
4. Institutions who desires to start BHA course shall require

SI No	TEACHING BLOCK
A.	Land
B.	Building
C.	Library with minimum 350 books of relevant subject (min size 10sqft/student)
D.	Lighting & Fan
E.	Drinking water facility
F.	Transportation facility
G.	Appropriate furniture facility for required number of students

- A. Land: Land should be owned/leased/rented.
- B. Building: Academic building sufficient to accommodate the faculties, lecture and seminar rooms, library, with minimum 10 sq.ft. per student.
 - Building should be in build area as per number of students approved. Look into building.
 - Rooms
 - One Principal / HoD Room
 - One staff room (min 20 sqft/staff)
 - One Office room (min 20 sqft/staff)
 - Four class rooms (min 10sqft/student) Well ventilated with proper lighting and fans. There should be built in

Black/Green/White Boards. There should also be provision for projector.

- One seminar hall
 - Common Room for girls and boys
 - Separate Toilets girls and boys
- R.C.C. Permanent Building. Ceiling Height minimum 10 feet preferably 11 feet.
 - The building completion and stability certificate issued by competent authorities should be produced
 - Town and country planning approval for the buildings should be produced
- C. Library: Should have minimum 350 books or 50 books in each different title on each subject, which ever required for the course.
- Books should include, text books, reference books, besides that at least 2 national's journals and international journals.
 - Library Room size should be of minimum 15sq.ft/ student

A well stocked library with latest edition books and journals on the following subjects.

- Hospital Administration
- General Management
- Organizational Behavior
- Biostatistics, Operations Research and Research Methodology
- Epidemiology, Public Health, Medical Ethics and Health Administration in India
- Basic Accounting and Cost Accounting
- Financial Management in Healthcare
- Health Economics, Principles and practice of Economics
- Legal Issues in Healthcare & Business Ethics
- Human Resources Management in Healthcare
- Industrial relations in Healthcare
- Marketing Management in Healthcare
- Materials Management in Healthcare
- Hospital Planning and Organization
- Quality Management in Healthcare
- Management Information System

Access to Internet facilities and online publications should be made available to students

- D. Adequate civic facilities essential for students like, water, drinking water, electricity, ventilation, toilets, sewerage etc in conformity with the norms laid down by the university/state authorities.

- E. Transportation facility: At least one transport bus with capacity for required number of students.
- F. Appropriate furniture for lecture/seminar rooms, library, faculty rooms, and rooms for administrative staff.
- G. Teaching Faculty

Teaching Faculty

For intake of up to - 20 students

- Minimum Four Senior and Four Junior faculty are required for a intake upto 20 students.
- Four Senior faculty should be at the level of Associate Professor and above, recognized as Project Guide /Supervisor. Among the senior faculty one should be Principal / HOD on rotation basis once in every four years.
- Four Junior faculty at the level of Lecturer and above.
- For every additional Five admissions, 01. One Senior faculty who is a project supervisor and 02. One junior faculty is required.

Visiting and part time faculty: Hospital Administration being multi disciplinary subject will always need contribution from visiting and part time faculty with post graduate qualification and have to be specialized in the respective subjects.

Following are the suggested areas that could be covered by the visiting faculty.

1. Epidemiology & Public Health Administration
2. Research Methodology, Quantitative techniques & Business statistics.
3. Accounting and Financial Management in Healthcare.
4. Healthcare Economics and Health Insurance
5. Legal Aspects in Healthcare & Business Ethics
6. A MBBS graduate with good command on Anatomy, Physiology, Biochemistry Microbiology and Pharmacology to teach Human Body and Function.

Section VIII

DEPARTMENTS FOR POSTING

1. Reception, Registration & Admission office and Medical Records Department
2. Accounts, Billing & Finance office
3. Marketing and Public Relations
4. General Stores
5. Hospital Pharmacy
6. Human Resource Department
7. Laundry & Linen Department
8. Maintenance (HVAC, Civil, Water & Electricity), Fire & Safety and Workshop
9. Central Laboratory and Blood Bank
10. Radiology department
11. Emergency and Out Patient Department
12. ICU, CCU, Cath Lab, NICU, PICU
13. OT/ LT & Post Operative and CSSD
14. Nursing Department including wards
15. House Keeping Services
16. Renal Dialysis department
17. Dietary Service
18. Hospital office

Minimum Fifteen departments to be studied.

Section IX

HOSPITAL / INDUSTRY VISITS

1. General and Speciality Private Hospitals.
2. Charitable and Non profit Hospitals.
3. Government Hospitals.
4. District Health Office
5. Public Health Center
6. Community Health Center
7. Pollution Control Board
8. Waste treatment Unit.
9. Senior Citizens Homes
10. Hospice
11. Nursing Home
12. Any other relevant institutions