

MBHM 3001

M.B.A. DEGREE EXAMINATION, JUNE 2017.

Third Semester

Hospital Management

**HEALTHCARE ENVIRONMENT AND
MANAGEMENT**

Time : Three hours

Maximum : 100 marks

SECTION A — (5 × 6 = 30 marks)

Answer any FIVE questions.

1. Write a short note on Health care internal and External Environment.
2. Deliberate on the scope of Health Economics.
3. Highlight the goals of health care systems.
4. Illustrate and discuss the role of managers in a Corporate Hospital.
5. Elaborate the main functions of a regulatory body.

6. Illustrate and explain the important private health care delivery systems.
7. List the key terms related to Epidemiology.
8. "Anesthesia is a temporary condition when the patient is unconscious" — Discuss.

SECTION B — (5 × 10 = 50 marks)

Answer any FIVE questions.

9. "Environmental scanning is an important component of the analysis of the global environment condition" — Illustrate and Discuss.
10. Deliberate the concept of Market failure in Health care in India
11. "The nursing staff is responsible for the complete care of patients" — Discuss.
12. Explain the different types of health related policies of Indian Government to the public.
13. Bring out the historical evolution of Epidemiology.
14. Elaborate on Public health surveillance.

Questions :

- (a) The patient did not receive standard treatment to prevent the formation of a DVT. What are some possible reasons why this error occurred?
 - (b) Can you suggest system process improvements that might reduce the likelihood of similar errors in the future?
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15. "Creating a safe and high quality health care environment is the need of the country" Discuss.
16. Highlight the role of Technology in Modern Healthcare management in the world with reference to India.

SECTION C — (1 × 20 = 20 marks)

Compulsory Question.

17. Extended Stay :

A 64-year-old man with a number of health issues comes to the hospital because he is having trouble breathing. The care team helps resolve the issue, but forgets a standard treatment that causes unnecessary harm to the patient. A subsequent medication error makes the situation worse, leading to a stay that is much longer than anticipated. Mr. Stanley Londborg is a 64-year-old man with a long-standing history of a seizure disorder. He also has hypertension (high blood pressure) and chronic obstructive pulmonary disease (COPD). He is no stranger to the hospital because of his health issues. At home, he takes a number of medications, including three for his COPD and three – levetiracetam, lamotrigine, and

valproate sodium — to help control his seizures. Mr. Londborg came to the emergency department (ED) last week because he was wheezing and having trouble breathing. The physician in the ED conducted a physical examination that yielded signs of an acute worsening of his COPD, which is known as COPD exacerbation. (In many cases, COPD exacerbation is the result of a relatively mild respiratory tract infection, but could be due to something more serious, such as pneumonia).

The physician in the ED ordered a chest x-ray, which did not show any signs of pneumonia. He admitted Mr. Londborg to the hospital for treatment of acute COPD exacerbation, resulting from a relatively mild respiratory tract infection. Before leaving the ED, Mr. Londborg also underwent routine blood work, which showed an elevation in his creatinine, a sign that his kidneys were being forced to work harder due to his infection. On the medical floor, the care team treated Mr. Londborg with oral steroids and inhaled bronchodilators (standard medical therapy for his condition), which resulted in a gradual improvement in his respiratory symptoms. Nurses also gave him IV fluids for the issue with his kidneys, which slowly resolved. Mr. Londborg "was steadily improving, so it seemed this visit to the hospital would be one of his shorter ones.

But on his third morning in the hospital, Mr. Londborg complained to the intern (a first-year resident) on the care team about acute pain in his left leg. This symptom, potentially indicating deep venous thrombosis (a blood clot in his leg commonly known as DVT), prompted the team to order an ultrasound of Mr. Londborg's lower extremities. (A primary concern with DVT is that blood clots in the legs may dislodge and travel to the lungs, causing a pulmonary embolism, which could be deadly).

The resident on the care team (who oversees the intern) then checked Mr. Londborg's medication orders and was surprised to see that the admitting doctor had not ordered prophylaxis for DVT (i.e., blood thinners, such as heparin or enoxaparin). The resident was surprised because patients admitted to the hospital typically receive this treatment to prevent blood clots from forming while they lie in their hospital beds. Further, nothing about Mr. Londborg's medical record suggested he shouldn't have received this treatment as an important precautionary measure.

lack of access to care. And it is becoming increasingly clear also that the better-insured and English-speaking patients may be getting better access: they are more likely to get a timely appointment because they are more demanding of the system, and they are more likely to keep and show up for their appointments because of better communication. You are interested in finding a way to promote more equitable access to health care.

Questions :

- (a) In order to provide good care for a culturally diverse patient population, it is important to gain some understanding of their ways of being (their belief systems, their traditions, their feelings towards western medicine, etc.). Can you think of a particular patient population in your area that may have unique beliefs about health and illness that would be important to understand?
- (b) How well do you know your patients? Can you think of a patient population (a culture, ethnicity, religious group, sexual orientation) with which you do not have much familiarity? How might this lack of knowledge impact your care?

MBHM 3002

M.B.A. DEGREE EXAMINATION, JUNE 2017.

Third Semester

Hospital Management

HOSPITAL ARCHITECTURE, PLANNING AND MAINTENANCE

Time : Three hours

Maximum : 100 marks

SECTION A — (5 × 6 = 30 marks)

Answer any FIVE questions.

1. List the utilities provided in a hospital with an illustration.
2. Define Hospital as a System and give two examples.
3. Telemedicine is an integral part of the hospital. Discuss?
4. Write a note on hospital project costing?
5. Highlight the role of hospital architect?
6. Write a short note on size of the hospital and the decisions related to it.
7. "The liberation of health care services should be regionalized". Discuss.
8. Illustrate and discuss Hospital clinical Function.

SECTION B — (5 × 10 = 50 marks)

Answer any FIVE questions.

9. Illustrate the need, objective and role of hospital administrator.
10. "Hospital planning is the most important and prime requirement" Discuss.
11. Culture of safety should be an integral element of health care services- Discuss.
12. List and describe the factors influencing hospital utilization.
13. Identify the different requirement of a hospital Building.
14. Discuss the types of hospital standards.
15. Highlight the reasons for using HIS with and illustration.
16. Elaborate various zones of a hospital along with their functions and significance.

SECTION C — (1 × 20 = 20 marks)

Compulsory questions.

17. Case Study : Crowd Management

You are one of the health care practitioners in a community health center that provides primary care to a multi-ethnic, multi-lingual urban community. Many, but not all, of the patients live

below the poverty line. Physicians and nurses see a large volume of patients with challenging medical and psychosocial issues. Lately you have realized that the scheduling of patient visits has become something of a nightmare. Because of the high volume of patients, the wait for an appointment for routine care can be anywhere from six to eight months or more. Even acutely ill patients often wait for two to three days to see a health care provider. Out of frustration, many patients are walking in without appointments, often during lunch hour or late in the afternoon when everyone is getting ready to leave.

What makes the problem so challenging is that 20 to 40 percent of patients fail to show up for appointments on a given day. Because of this high no-show rate, every other appointment on physicians' schedules is double-booked with the expectation that, out of the 30 to 35 scheduled patients, only 20 to 25 will actually show up. Occasionally, however, most of the patients do show up – and when a significant number of acutely ill patients also arrive, the work environment becomes unbearably chaotic for everyone. Providers become harried and more likely to make mistakes, patients wait for long periods of time in crowded waiting rooms, and the atmosphere becomes increasingly hostile as the stress level mounts. It is clear that the quality and experience of health care for many of these patients is suffering partly because of a simple

MBHM 3003

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Third Semester

Hospital Management

HEALTH CARE LAWS, ETHICS AND MEDICAL
TERMINOLOGY

Time : Three hours

Maximum : 100 marks

SECTION A — (5 × 6 = 30 marks)

Answer any FIVE questions.

All questions carry equal marks.

1. What are the provisions of Tamil Nadu Clinics Act?
2. What do you mean by the term Medical Ethics?
3. Explain Central Births and Deaths Registration Act, 1969.
4. Explain Ward Management.
5. What is Medical Negligence? Explain with example.
6. State Biomedical Waste Rules.

7. Explain the functions of ICU.
8. What are the services rendered by nursing department?

SECTION B — (5 × 10 = 50 marks)

Answer any FIVE questions.

All questions carry equal marks.

9. Discuss about the Laws relating to Hospital Formation.
10. What are the medical registers and statutory records maintained by hospitals? Explain.
11. What is the Classification of diseases? Also describe them.
12. Explain in details the laws pertaining to Purchases and funding.
13. Elaborate Radiation Safety System.
14. Discuss about the major Diseases and medical specialties in the present scenario.
15. Explain the merits of general health care.
16. What is the role of Indian Red Cross society? Explain.

SECTION C — (1 × 20 = 20 marks)

Compulsory.

17. Write note on :
 - (a) Coronary care Unit
 - (b) Nosocomial infection and communicable diseases
 - (c) Common prefixes and suffixes
 - (d) Burns, paraplegic and Malignant disease treatment.

MBHM 3004

M.B.A. DEGREE EXAMINATION, JUNE 2017.

Third Semester

Hospital Management

HOSPITAL OPERATIONS MANAGEMENT

Time : Three hours

Maximum : 100 marks

PART A — (5 × 6 = 30 marks)

Answer any FIVE questions out of the following.

1. What are the different types and uses of Medical Records?
2. How HR incentive calculations are carried out?
3. How Brought in death are managed in hospitals? And explain about the practices.
4. Explain about USG and staffing procedure in a hospital.
5. Define CT and ECG.
6. What are the different types of Layouts?

7. Draw a layout for MRI room and mention its importance.
8. Write short note on Bio-Medical workshop and the role played for effective hospital functioning.

PART B — (5 × 10 = 50 marks)

Answer any FIVE questions out of the following.

9. Draw a layout for X-ray room for 300 MA and write about the need for such planning.
10. Explain in detail about the functioning of Out Patient Department.
11. Discuss about different ways of Inventory management in Hospital.
12. Write about training and coordination in Hospital.
13. Write in detail about the supporting services of Hospital.
14. Narrate about the Purchasing strategy and functions.
15. An effective house keeping a bench mark for quality – Explain.
16. Write about the functioning of CSSD in a hospital and how to improve it.

PART C — (1 × 20 = 20 marks)

Compulsory

17. The waiting problem in the outpatient department (OPD) seems to be getting worse with every passing day. There must be more than 200 people waiting in the OPD every day and Complains they had to wait for more than three hours for a consultation and other clinical investigations. We cannot afford to make patients wait for several hours in the OPD. We want you to examine as to what is causing so much delay. We have absolutely no problem in increasing the number of receptionists, nurses, medical officers or even specialist. Since we have some unutilized space on the first floor, we are planning to move some OPD operations from the ground floor to the first floor. This may reduce the over-crowding at the ground floor.

Questions:

Design effective strategies for the proper functioning of OPD including the flow pattern of patients.

MBHM 3005

M.B.A. DEGREE EXAMINATION, JUNE 2017.

Third Semester

Hospital Management

PATIENT CARE MANAGEMENT

Time : Three hours

Maximum : 100 marks

SECTION A — (5 × 6 = 30 marks)

Answer any FIVE questions.

All questions carry equal marks.

1. Define patient care management.
2. Define quality in patient care management.
3. What is case mix classification?
4. What is DRG?
5. What is patient risk management?
6. Explain ethics of trust and ethics of rights.
7. Explain functions of state commission.
8. What is Patient counseling?

SECTION B — (5 × 10 = 50 marks)

Answer any FIVE questions.

All questions carry equal marks.

9. Explain types of patient classification systems
10. Explain in detail Disaster preparedness
11. Explain the need for medical audit
12. Discuss key theories and concepts of quality in patient care management
13. Write note on :
 - (a) Autopsy
 - (b) Tort liability
 - (c) Vicarious liability
 - (d) Medical negligence
14. Discuss the Models for quality improvement & Variations in practice
15. Explain procedures for maintaining medical records
16. What are the Roles of departments/managers in enhancing care?

SECTION C — (1 × 20 = 20 marks)

(Compulsory)

17. Explain Medical ethics and auditory procedures that has to be practiced in the hospital management system?
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