भारतीय स्वास्थ्य सेवा में क्रांति लाती **प्रौद्योगिकी**

मा

रत की सूचना प्रौद्योगिकी की विशेषज्ञता ने वैश्विक रूप में डिजिटल के विकास में महत्वपूर्ण योगदान दिया है। इसी तरह की शुरुआत भारतीय स्वास्थ्य के क्षेत्र में तरकों के लिए की जा सकती है।

130 करोड़ से ज्यादा भारतीय नागरिकों के लिए हर तरह की स्वास्थ्य सुविधाओं को लाने के लिए प्रधानमंत्री मोदी के डिजिटल भारत के दृष्टिकोण को आमंत्रित किया जाना चाहिए। पीएम मोदी के डिजिटल इंडिया पहल ने तमाम सरकारी सेवाओं को ऑनलाइन कर दिया है तथा उनकी महत्वाकांक्षी योजना मेक इन इंडिया के तहत प्रमुख मेडिकल उपकरणों, तकनीकी हैल्थकेयर फार्मेसी और पैरामेडिकल से संबंधित मल्टीनेशनल कंपनियां तेजी से पहल कर रही हैं। इंटरनेशनल इंस्टीट्यूट ऑफ हैल्थ मैनेजमेंट रिसर्च नई दिल्ली के निर्देशक डॉ. संजीव कुमार कहते हैं कि भारत जल्द ही वर्तमान कमजोर स्वास्थ्य संबंधी आंकडों जैसी समस्या से उभरेगा। जल्द ही डॉक्टरों, विशेषज्ञों की कमी को मोबाइल टैक्नोलॉजी एप टैक्नोलॉजी से काउंसिलिंग और जागरुकता अभियानों से देशभर में हैल्थकेयर क्षेत्र में क्रांति आने वाली है और आने वाली पीढ़ियां इससे फायदा उठाने वाली है।

फैमिली हैल्थ फोल्डर- यह वाकई एक क्रांतिकारी हैल्थकेयर की पहल है। इसमें परिवार के एक-एक सदस्य की हैल्थ की रिपोर्ट को लिंक किया जा सकता है। इतना ही नहीं अलग-अलग सबकी निजी जानकारियां जैसे ब्लडप्रेशर रिकॉर्ड, प्रेस्क्राइब्ड दवाइयों का रिकॉर्ड, प्रतिरक्षण, जन्म से पहले के नौ महीने के दौरान हुए चैकअप के रिकॉर्ड और उनकी खास बातें, आदि इस फोल्डर में समाई रहेंगी।यह इलेक्ट्रॉनिक मेडिकल रिकॉर्ड ईएमआर से भी जोड़ी जा सकती है, जिससे कि आप हर वक्त हैल्थकेयर में रहते हैं। इसे एम्स के प्रैक्टिस एरिया और इंटरनेशनल क्लीनकल इपीडिमियोलॉजी नेटवर्क आईएनसीएलईएन के डेमोग्रॉफिक सर्वलांस प्रोजेक्ट एरिया से संचालित किया जाएगा। इसका राजस्थान, मध्य प्रदेश और हिमाचल प्रदेश जैसे राज्यों में विधिवत और सफल प्रयोग भी किया जा चुका है।

🔘 हैल्थकेयर एनी टाइम मशीन (एटीएम)

भारत के करीब 25 फीसदी प्राथमिक स्वास्थ्य केंद्र बिना डॉक्टरों के हैं।इस चुनौती से निपटने के लिए एक आविष्कार किया गया है। इसका नाम है एटीएम जो कि एक मशीन है। यह नेशनल हैल्थ सिस्टम रिसोर्स सेंटर नई दिल्ली से संचालित की जाएगी। इसका उपयोग टेली– कंसलटेशन मोबाइल फोन पर डॉक्टरी सलाह दवाई मशीन के तौर पर किया जाएगा।

टेलीमेडिसीन

यह एक और महत्वपूर्ण उदाहरण है हैल्थकेयर क्षेत्र में तकनीकी की भूमिका का। इसे टेलीफोथामोलॉजी टेलीरेडियोलॉजी या टेलीमेडिसीन के नाम से जानते हैं। इसका सफल संचालन भारत के त्रिपुरा, आंध्र प्रदेश, बिहार, हिमाचल प्रदेश, महाराष्ट्र और असम Punjab kesari – 3rd Nov 2017

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Millennium Post, 3rd Nov page no – 9

Revamping healthcare

India's IT potential and technology can help improve healthcare in the country



Endeav.

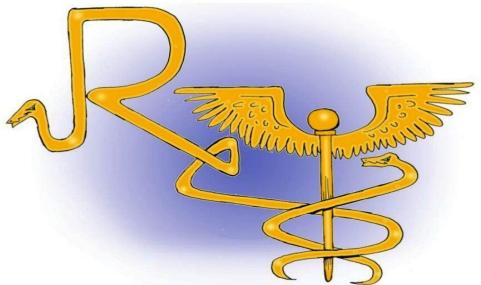
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Fortunately, there Is no dearth of local and technology scale-up, especially in healthcare. They would be more than government in driving health technology forward. Indian and

multinational collaborate to provide enabling technology and medical devices under the 'Make

In India' Initiative

FINANCIAL EXPRESS



SANJIV KUMAR & PREETHA GS

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India's disease burden is shifting towards NCDs

In India, more than 35% of all outpatient visits and 40% of all hospital stays are attributed to noncommunicable diseases-cardiovascular diseases account for 24% of total deaths in India, chronic respiratory diseases 11%, cancer 6% and diabetes 2%

HANGING LIFESTYLES DUE to urbanisation, globalisa-tion of trade and marketing, and increasing life expectancy because of medical and technological advances have, in recent years, contributed to a shift in disease burden from communicable diseases (NCDs), the world over. NCDs are a categorised group of diseases or medical conditions that are not always medical conditions that are not always transmitted by infectious agents, but ac-quired through unhealthy lifestyle or meta-bolic/physiological changes or environ-mental factors. NCDs are usually chronicin nature, affecting individuals for an ex-tended period of time, sometimes lifelong, and are generally slow in progression.

Long list

The commonly identified NCDs include The commonly identified NCDs include cardiovascular diseases, stroke, chronic lung disease, cancer, diabetes, high blood pressure and mental disorders. NCDS are often erroneously assumed to be a priority area only for high-income, developed counarea only for high-income, developed coun-tries, and seen as diseases of old age. Data, however, shows that 80% of NCD deaths occur in low- and middle-income countries, and a quarter of them occur in people below 60 years of age. India, like any other developing coun-try, is also afflicted with a heavy burden of NCDs, while still grappling with the 'un-

finished agenda' of communicable diseases, and maternal and child health iseases, and material and Critic learning sues. Of late, NCDs have become a major cause of mounting disease and death count in the country.

Scary statistics

Scary statistics
Today, NCDs account for 63% deaths
worldwide and 53% deaths in India. According to a 201.2 study, 35% of all outpatient visits and 40% of all hospital stays in
India are attributed to NCDs.
Statistics for 2013 reveal that while cardiovascular diseases account for 24% of total deaths in India, chronic respiratory diseases account for 11% cancer for 6% and

tal deaths in India, chronic respiratory dis-eases account for 11%, cancer for 6% and diabetes for 2% deaths occurring in India every year. The latest figures would under-standably be much higher. In such a sce-nario, the incidence of NCDs and the resul-tant mortality rates are something that can no longer be ignored. With changing lifestyles and environmental factors, one can expect further increase in incidence. In fact, unless massive efforts are taken to prevent and control them, the burden of NCD mortality is only going to rise.

Risk factors

According to the World Health Organi-sation (WHO), most NCDs are the result of

The interventions

include promoting

healthy lifestyle, risk factor

screening, NCD

screening, early treatment and care, disability limitation and

rehabilitation

sation (WHO), most NCDs are the result of four major behavioural risk factors, namely tobacco use, physical linactivity, unhealthy dietand excessive consumption of alcohol. High blood sugar, obesity, high blood pressure and raised cholesterol levels are also metabolic risk factors. also metabolic risk factors that lead to NCDs. Air pollution is an additional risk fac

tion is an additional risk fac-tor in India.

Tobacco use: It is one of the prime risk factors, which could lead to serious health hazards and death. Tobacco, smoked or in other forms

smoked or in other forms, cancause chronic lung prob-lems, cancers and cardiovas-cular diseases. Long-term ex-cessive consumption of alcohol, too, increases the risk of high blood pressure, cardiovascular disorders, stroke, heartbeat irregularities and cancer.

Sedentary lifestyle: High intake of Sedentary lifestyle: High intake of sugar, salt and saturated fats, and lack of physical activity are associated with increased risk of Type 2 diabetes, hypertension, obesity, hyperlipidemia, cardiovascular diseases, some cancers and metabolic lar diseases, some cancers and metabolic syndrome. High fat and high calorie foods that people, especially the younger generation, are increasingly consuming today have been associated with obesity. Many studies have established a link between NCDs and obesity or weight gain in general. According to WHO estimates, more than 2 million deaths, every year, are caused by sedentary lifestyle (physical inactivity) and

sedentary lifestyle (physical inactivity) and unhealthy eating habits.

Other health problems. NCDs, materhal and child health problems, and communicable diseases are not mutually exclusive. Pregnant mothers have one in a six chance of having pregnancy-induced hypertension and a similar proportion runs the risk of gestational diabetes. Adverse pregnancy and newborn health problems are mora likely in mother with these contractions. pregnancy and newborn health problems are more likely in mothers with these conditions. Even those who scrape through this period somehow could suffer from hypertension and diabetes later in life. Those with NCDs are more likely to get infections. For example, diabetes and cancers reduce impairing and the properties of the properties munity and make one more susceptible to infections and these are likely to be more severe in those with NCDs.

Immediate interventions

India's healthcare delivery system has been traditionally focused on communica ble diseases, and maternal and child health problems. Efforts need to be directed toproblems. Efforts need to be directed to-wards strengthening governance and ori-enting the service providers in the coun-try's health systems, both in public and private sector, towards prevention, early screening interventions and new treatment modalities to reduce the burden of NCDs.

indications to reduce the outrout of N.C.Ds.

The major risk factors present need to be identified and addressed.

Provisions for cost-effective, quality healthcare services across the country need to be made to control the growing incidence of N.C.Ds. incidence of NCDs.

In 2010, the government had launched the National Programme for Prevention and Control of Cancer, Dia-betes, Cardiovascular Diseases and Stroke. It lays stress on health promotion, early diagnosis, management and refer ral of cases, and strengthen-

nand nosis, management and referral of cases, and strengthening infrastructure and
capacity building of health
providers. India is also the
first country to develop specific national targets and indicators aimed at reducing the
number of global premature deaths from
NCDs by 25% by 2025. However, challenges
abound in attempting to tackle the diverse
population-based NCD needs.

A whole-of-population approach has to
be adopted, covering different population
groups with appropriate interventions—
healthy population, population with risk
factors, population with NCDs but not yet
aware, and population with NCDs the interventions
include promoting
healthy lifestyle, risk factor screening, NCD
screening, early treatment and care, disablityl limitation and rehabilitation. Such a
holistic approach can tackle the challenges
posed by the growing burden of NCDs.

Punjab Kesari, page no-1, date – 3rd oct 2017

हॉट करियर के हॉट आप्शन्स

ढ़ाई पूरी करने के बाद सभी छात्र अपनी-अपनी पसंद के क्षेत्र का चुनाव कर, अपने सपनीं को उड़ान देने के लिए आगे बढते हैं। कोई इंजीनियर बनता है तो, कोई मेडिकल क्षेत्र में करियर बनाता है, कोई मैनेजमेंट के क्षेत्र में जाता है, तो कोई ग्लैमर से भरपूर क्षेत्र जर्नालिज्म, मॉडलिंग आदि को तरफ रुख करता है। इनके अतिरिक्त भी हजारों ऐसे करियर आप्रान हैं, जहां छात्र अपना करियर बना सकते हैं।

आज ऐसे ही कुछ छुपे हुए करियर आष्टानों को चर्चा करते हैं।

तेजी से बढ़ता करियर विकल्प है

हैल्थ केयर

अब वो समय नहीं रहा जब एक डॉक्टर अस्पताल के प्रबंधन और ओपीड़ी दोनों की जिम्मेदारी अकेले ही निभाता था। अब डॉक्टर को सिर्फ चिकित्सकीय कार्य ही करने होते हैं। अस्पताल के प्रबंधन का काम अस्पताल के प्रबंधक का होता है।

अस्पताल के प्रबंधक नियमित रूप से अस्पताल में रोजगार और रणनीतिक निर्णय लेने की जटिलताओं से गुजरते हैं, इसलिए अब पेशेवर प्रबंधकों को मांग अन्य स्वास्थ्य सेवा संस्थानों में ज्यादा हो रही है। आईआईएचएमआर, नई दिल्ली के निदेशक डॉ. संजीव कमार व प्रो. डॉ. सुमेश कुमार कहते हैं कि वर्तमान में विशेष कौशल के साथ अस्पताल के प्रबंधकों को प्रशिक्षित करने की सख्त आवश्यकता है। ऐसे में हैल्थकेयर प्रबंधन का क्षेत्र करियर के लिहाज से उम्मीदों भरा है। वहीं अगर हैल्थकेयर सैक्टर की बात करें तो यह अकेला क्षेत्र है जिसमें मेदी का कोई असर नहीं होता। स्वास्थ्य सेवाओं का मतलब अब लोगों को रोगमुक्त करना हो नहीं रह गया है, बल्कि



जॉब प्रोफाइल

स्वास्थ्य प्रबंधन पेशेवरीं को पेश की जाने वाली जॉब प्रोफाइल में मूल रूप से अस्पताल या चिकित्सा संस्थान के आंतरिक मामलों का प्रबंधन शामिल है।

स्वास्थ्य देखभाल प्रबंधन में एक पेशेवर होने के नाते, आपको अस्पताल और अन्य स्वास्थ्य सेवा एजेंसियों का भी सामना करना होगा, साथ हो प्रबंधन को महत्वपूर्ण समस्याओं से निपटना होगा और प्रतिकृत परिस्थितियों का अनुकृत उत्तर भी देना होगा। हेल्थकंचर मैनजमेंट में पोस्ट ग्रेजुएशन करते हुए कोई भी अस्पताल प्रशासक, हेल्थस्कंचर फाइनेंस मैनजन प्रशासक, हेल्थस्कंचर फाइनेंस मैनजन प्रशासक, हेल्थस्कंचर एवआर ग्रैकुटर, ब्लाड बैंक प्रशासक, फार्मास्यूटिकल प्रोजेक्ट मैनजर आदि के पद पर कार्य कर सकता है।

We need to put 'care' back into healthcare

What is urgently required is a multilayered, qualified, trained, committed workforce.

By Dr Sanjiv Kumar and Dr Sumesh Kumar

India can certainly do a lot to improve public health in the Leountry. Spending a lot more money may seem to be the obvious answer. But money is not the only constraint, although we have been crying ourselves hoarse that the government needs to double or triple its spending on health. There are many other things that need to be streamlined to ensure quality healtheapt for our citizens.

healthcare for our citizens. Improving healthcare delivery systems ought to be the subject of intense policy deliberation and debate because the development of the country hinges on the health of its people.

But where does good health begin? It begins with our children. Unfortunately, statistics in this regard are not too flattering. India is far behind the rest of the world in terms of the number of malnourished children, shockingly double that of Sub-Sub-gran Africa.

- Sub-Saharan Africa.

 Almost half of all deaths of children under the age of five years is due to undernourishment
- 44% of children under the age of five are underweight
- 72% of infants are anaemic
 Inadequate sanitation, safe water trigger infection-malnu-

If our children do not get the right startin life, they will remain undernourished and underdeveloped, and worse off than children in the rest of the world. Where does this leave our future workforce? We will remain an unhealthy nation with human resources that function below par. This has far-reaching consequences on the country's eco-

nomic and social development. At the moment, the governmentspendsabout 1.15% of GDP on healthcare. This needs to increase to at least 2.5% over the next few years to make any appreciable difference. Bad health hampers performance, productivity and negatively affects human capital development. Given our federal structure, we need to ensure that health remains a priority for the central as well as state governments.

The central and state governments need to work collectively to ensure the four main prerequisites of a good healthcare system: quality, accessibility, availability and affordability. The government and health regulatory bodies need to ensure that quality standards and minimum patient safety protocols are enforced.

The increase in public health spending should be accompanied by changes in where that money is spent. A substantial part of public spending should be channelised into primary health, ascommitted in the 2017 health policy. Offering better

primary care will help reduce the number of cases where diseases or complications progress to a point where they require expensive and aggressive treatment at tertiary healthcare centres or cannot be cured at all.

For a national health system that works, we need more medical and nursing schools and thousands of health workers, particularly innural areas. What is urgenty required is a multi-layered, qualified, trained and committed workforce. We need a large number of health management professionals torun facilities and programmes efficiently.

Pvt sector monopoly

The healthcare sector in India is one of the largest sectors both in terms of employment and revenue generation. It has grown at a compounded annual growth rate of 16.5% and is expected to be worth \$280 hillion by 2020.

be worth \$280 billion by 2020.
But National Sample Survey
(NSS) figures over the last two
decades show a decline in the
share of publichospitals in treating patients. This trend could
over time give private players
a virtual monopoly, leading to
steep hikes in prices of diagnostics and medical treatment.

High healthcare costs and lack of insurance coverage penetration often result in greater out-of-pocket expenditures for diagnosis, consultation and treatment. Still, people today prefer private healthcare, despite its whopping costs, because

of the dismal quality and lack of accessibility and accountability of the public healthcare system in both rural and urban India.

Clearly, a lot needs to change. The doctor-to-patient, patient-to-bed, and equipment availability-to-utilisation ratios need to improve. The unbridled rise in the cost of secondary and tertiary care treatments in urban areas need to be checked. Communication and coordination skills among hospital staff and doctors, softskills and timemanagement, emergency health, crisis, and supply chain management need to improve drastically. A multi-prolonged approach is necessary, and its implementation needs to start immediately on a fast-track basis.

Public intervention in healthcare delivery needs to include:

- Monitoring of both public and private delivery systems
- Ensuring authentic diagnostic facilities at affordable cost
- Supplementing healthcare with better municipal services
 — clean air and water, pest control, good sanitation and sewage systems, proper treatment of waste — and including healthcare awareness and physical fitness in school curricula to

ensure preventive healthcare. A robust public healthcare system is essential for transforming the socio-economic trajectory of India. We need people who are qualified and trained as hospital managers and who can take care of management-related issues so that doctors can focus on providing clinical care, which they are trained for.

(Dr Sanjiv Kumar is Director, and Dr Sumesh Kumar, Assistant Professor, IIHMR, Delhi)

Gorakhpur deaths were preventable: IIHMR Director



DNA Correspondent correspondent@dnaindia.net

Weeks after the Gorakhpur tragedy that claimed 30 young lives in a span of 48 hours, Dr Sanjiv Kumar, Director of Indian Institute of Health Management Research (IIHMR), said the deaths could have been prevented.

Of the 60 deaths reported between August 7-11. 12 were due to Japanese Encephalitis. Oxygen supply was disrupted for two hours on Thursday night and as per the State Health Minister, there were no deaths reported in those two hours.

"As a doctor, one will say that the deaths may not have occurred during these two hours but would have followed soon after or would have left lifelong effects due to irreversible brain damage caused by lack of oxygen," said Dr Kumar.

In his report, Dr Kumar also compares previous years' figures. In the previous three years, the average number of deaths in August were 567 (2014), 668 (2015) and 587 (2016); or about 19-22 deaths per day.

The reported deaths of 60 from August 7-11, however, come to an average of 12 per day, which is less than the annual average for the previous three years.

Dr Kumar also spelled out three key factors that need to be addressed. "While the exWhile the exact reasons will be revealed in the fact-finding committee's report, there is a need to address the corruption

Dr Sanjiv Kumar, Director of Indian Institute of Health Management Research

act reasons will be revealed in the fact-finding committee's report, there is a high need to address the corruption leading to interrupted oxygen," he said.

In this particular case, the Pushpa Sales Private Ltd had stopped supplying Oxygen as their bills worth Rs 63 lakh had not been cleared since November 23, 2016. The company had written more than 12 reminder letters, many copied to District collector and state authorities.

The second fault line is overcrowding due to lack of facilities in primary health centres as well as district bospitals.

The third is the delay in the prevention of Japanese Encephalitis, despite the availability of technologies to prevent mosquito breeding and vaccine.

"The workload on healthcare providers needs to be looked into, he said, adding that lack of basic amenities like electricity and water even in tertiary care hospitals must be addressed."

Meet the managers of healthcare

There was a time when a doctor would manage the books as well. In the last decade or so, as hospitals got a corporate make-over, demand for healthcare managers rose as well. In the age of multispecialty hospitals, doctors prefer to concentrate on their core skills and the management is usually taken care of by hospital managers. The managers handle the complexities of day-to-day working and strategic decision making in the hospital. The demand for professional managers is high in healthcare institutions. They take care of the management aspects that help doctors do what they are required to.

SKILLS TO WIN

There is a dire need to train and develop skilled hospital managers. Some of the skills needed for this profession are:

Interpersonal skills: The ability to interact well with the staff and clients is very important for a professional and healthcare professionals are not an exception. This is the pre-requisite of success. Even if these skills are not innate, with training and practice these skills can also be developed.

Leadership skills: These include the ability to delegate assignments, motivate others and communicate effectively. This skill help the managers to take decisions wisely and finding ways to meet the deadlines. Analytical skills: These enable a professional to collect, scrutinise and analyse the information effectively. These help in efficient decision-making.

Goal-setting skills: Setting appropriate goals is very



important for a professional. The success of a healthcare manager also depends on the goals he achieves and in what time line.

Entrepreneurial skills: The ability to take initiatives, grab new opportunities, taking risks and making decisions in uncertain situations are the key skills of successful managers.

Besides the doctors and other paramedical staff, the healthcare industry employs qualified and specialised healthcare management professionals, who can take care of the administrative and management needs.

JOB PROFILE

Healthcare management professionals are required to manage the internal affairs of the hospital. They also have to deal with critical management problems encountered by hospitals and other healthcare agencies and respond favourably

to such adverse situations

JOB OPPORTUNITIES

Other allied jobs that a qualified candidate can get placed on after completion of post graduation in healthcare management are hospital administrator, healthcare finance manager, medical director, HR recruiter, blood bank administrator, pharmaceutical project manager, etc.

The healthcare industry has identified and realised the importance of management professionals and specialised administration staff for improving medical infrastructure and healthcare facilities. Trained professionals develop knowledge and understanding of management in the health sector. They are sought after by Government as well as the private sector.

 Inputs by Dr. Sanjiv Kumar, Director and Dr. Sumesh Kumar, Assistant Professor, IIHMR, New Delhi

BENEFITS OF THE MANAGEMENT COURSE

Postgraduate courses in healthcare management are attracting students owing to several benefits and the widening scope. Some major benefits that these programmes promise are:

- Training and certification open up career opportunities in diverse healthcare segments such as Bio-pharmaceutical organisations, health insurance organisations, clinical research organisations, government sectors, financial organisations, NGOs
- The industry promises professional satisfaction. Remuneration is also very competitive. Also, you have the flexibility to work at various locations — from rural areas to metropolitan cities.
- Students gain practical knowledge about how to manage the healthcare facilities from a domestic as well as global perspective.



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directly related to healthcare sector - private practices, hospitals, nursing homes, laboratories, public health agencies, insurance providers, consultancies, and software companies. The working environment confronting an HIT professional is defined by the level to which the employer has adopted the technology. The job responsibilities includes a plethora of tasks from optimizing the new systems to providing training, documentation, maintenance, trouble shooting, to requirement gathering, designing for new system as well.

Education and Requisite Essential Skills

A career in healthcare information technology requires training in computer science, business management and domain knowledge related to hospital or public health. Anyone with an appropriate bachelor's or master's degree (BSc, BSc Nursing, BPharm etc) or with medical (MBBS, BDS) or computer degree (BTech) are eligible for entering the field.

In addition to good computer application and process understanding, a successful HIT specialist should possess the following skills: knowledge of healthcare delivery workflow, problem-solving and critical thinking, market research capabilities, strong verbal and written communication, attention to detail and to customer service, meeting the needs of the internal department as well as those of clinical and business customers, team work, ability to quickly learn and adapt as both healthcare and technology are dynamically changing fields. Specialized skill training in any one of the upcoming areas like big data analytics, system maintenance, user interface testing, cloud computing, mobile computing, social media marketing, mHealth, Telemedicine etc will further help to advance the career prospects. There are numerous opportunities for career advancement from technical to administrative roles. The HIT specialists may find themselves in various roles. To name a few-

- · Healthcare IT Executive
- · Health Informatician Technician
- · Chief Medical Information Officer
- · Healthcare Business Analyst
- · Project Manager/Developer/Trainer
- EMR consultant/Implementation Manager
- Clinical information manager/ associate
- · HIT research associates
- mHealth and telemedicine specialists

Fresher graduates may expect salary packages anywhere between three Lacs per annum to eight Lacs per annum. Work experience makes the professionals equipped with more knowledge of HIT and adaptable for advanced responsibilities culminating into quick career growth in terms of job and salary advancements. This requisites having the necessary perseverance to see through oneself in the job be it any role with hard work, open to learning and grit determination.

Future Ahead

Many healthcare service providers to name a few- Max, Fortis, Medanta, AIIMS and Shankara Netralaya have already implemented HIT fat different stages and many more are slowly joining the bandwagon. IT companies like Deloitte, Cerner, Alscripts, Wipro, Napier, TCS, Reliance, Akhil Systems and others through their products and services, are supporting them. In addition, public hospitals are also gearing towards digitalisation to meet greater efficiency. There will be no dearth for opportunities in this evergreen field in the upcoming years as India moves towards digital and affordable health care, HER

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HCM: सेवा भाव का नया नजरिया



अब वो जनम नहीं रहा जब एक डॉक्टर अरमजन के इकंपन और अमेरी केरी की जिल्लेक्टी अकेरो हैं निभात था। अब जो कब्पन है हो नहीं मेरीकारीटी हॉस्पन का है और इस कका मिकितकार केरिक्क बाजों में इसने महत्त हैं कि उनके निर्मार का बात महत्त्व महत्त्वका है। इसके मिर तथा कार्यिक यान म वो प्रवेशन की जिल्लेक्टीकों की निभाने का वहत है और करने वे बहुत कमी मंत्रकारों का प्रित्तेक माही करोंके से न है उनने क्रांकियत कि दें किसी असरात में दोनों काम. किया जाना वाहिए और फिर तक्ष्मी को उनके अनुसार एक नाम कर नके। इसीटर विकित्सकों को उनके कार्यों. निवीरत करना वाहिए। क्रिसी प्रमेशक की स्वासत उनके द्वारा वामी उपराह पर है विक्रेष श्वान देना वाहिए और असरातत का. प्राप्त तक्ष्मी की नीमा पर निर्मर करती है। पानी जरपार पर हो देखेंन आज देना चाहिए कोर असरवार को प्रथम तर्ग हो प्रथमकों हो है। प्रथम हो है। प्रथमकों हो हो होगा जाना चाहिए। असरवार के प्रथम हो स्विधित करें हैं। उस्प्रीतिक होता असरवार है रोजन कर स्वाधित है रोजन कर प्रथम हो है। उसके कर से प्रथम हो है। उसके कर से प्रथम हो है। उसके कर से प्रथम हो से संस्था हो है। उसके कर से प्रथम हो है। उसके कर से हो असरवार हो है। उसके कर से हो असरवार हो हो हो हो है। उसके कर हो है। उसके कर हो है। उसके हो हो हो हो है। उसके हो हो है। उसके हो हो है। उसके हो हो हो है। उसके हो है। उसके हो हो है। उसके हो हो है। उसके हो है। इसके हो है। इसके हो है। इसके हो है। उसके हो है। इसके हैं। इसके हो है। इसके हैं। इसके हैं। इसके हैं। इसके हैं। इसके हैं। इसके है है। इसके हैं। इसके ह

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पहली को है। द्वांक लोगों का नामना है कि इस करत का **keulas usen में प्रोट बेहुगान के ताम** कीवल जम्मजात डीच है, लेकिन कायाई यह है कि नहीं लकेंक्रे से लिख गांव प्रतिक्षण और अभ्यान से किसी के और । जाई को इस कार्यक्रमों को करने के बाद कई परावदे होते हैं।

प्रितिश्वास्त्र बोलाः

करने ने नंगीरित जनकारी व्यवस्थित क्या में प्राप्त करते हैं।
अस्त्रातं को प्रकार वर्ष क्यांक्र प्रकार करते हैं।
अस्त्रातं को प्रकार देन नं प्रकार, व्यवस्था करते में स्था
करने में स्थान करते हैं।
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अस्त्र करते हैं।

है, जो कि करिया बोर्ड इस मानवाबाय है और वह एसकेंग्र , जी प्रोक्तार में मून रूप से अस्प्रकार व गिकिस्स संस्थान के प्रमाण्या के बरावर है। इसे दिसंबर, 2015 में को के अंतरिक मामते का प्रकार समित है। स्वास्थ्य देवभात सर्वेषक स्वास्थ्य प्रकार संस्थान के रूप में स्थित मिस्सा प्रकार में एक देवेदर होने के नाते, आपको अस्पतार और करियों स्वास्थ्य प्रवासन करनान के रूप में स्वयंत्र विक्रम प्रवासन के रूप में स्वयंत्र प्रवासन के रूप स्वयंत्र प्रवासन के रूप में स्वयंत्र प्रवासन के रूप स्वयंत्र के

सर्वेक में किया नाम प्रीक्षक्रण और अन्यान ने किसी के अंदर प्रद्य मुग्न कियान से के आमोहित्य कर कार है। रेक्का मेतृत्व कियान, इसमें अभिकार देने, दूसरों को प्रीप्त करने और प्रस्ता के में संप्रद करने की समझ क्षात्म हैं। ये कियान को द्वा करने में महर करने की समझ क्षात्म हैं। ये कियान को दूब करने में महर करने हैं। किसी क्षात्म के समझ क्षात्म हैं। ये कियान को दूब करने में महर करने हैं। किसी क्षात्म के समझ क्षात्म हैं। ये कियान को दूब करने में महर करने हैं। किसी क्षात्म के समझ क्षात्म हैं। ये कियान करने ने महर करने हैं।



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BE A HEALTHCARE MANAGI

Besides doctors and other paramedical staff, the healthcare industry today, looks for qualified and specialised healthcare management professionals who can handle administrative needs, says DR SANJÍV KUMAR

One are the days when a doctor had to manage the hospital and Out Patient Department (OPD). Now, is the era of multispecialty hospitals where doctors are busy multispectany nospitals where doctors are observed with treating patients rather than spend time in administrative work of the hospital. With the rise in the number of multispecialty hospitals, do to concentrate on their core skills and the management should be taken care of by hospitals.

the management should be taken care of by hospital managers.
Hospital managers go through complexities of day-to-day working and strategic decision-making in the hospital. The demand for professional managers is high in the other healthcare institutions. They can take care of management aspects that will help doctors focus in clinical work and create conducive environment for them.
There is a dire need to train the managers with appropriate skills. There are diploma courses available which is accredited by National Board of Accreditation that makes it equivalent to MBA. The post graduate courses in Healthcare

The post graduate courses in Healthcare Management are nowadays gaining a lot of recog-nition among students owing to its many ben-fits and the widening scope. Some of the major benefits that these programmes bring in for the students are:

Training and certification open up career

opportunities in diverse healthcare segments such as bio-pharmaceutical organisations, health

as bio-pharmaceutical organisations, neath insurance organisations, clinical research organisations, Government sectors, financial organisations, ROOs, and many others.

There is a high level of work satisfaction and remuneration in this industry. Also, you have the flexibility to work at varying locations, either in the non-urban communities or metropolitan cities.

Students gain practical knowledge about the nuances of what all is required to administer the healthcare facilities from a domestic as well as global perspective.

The postgraduate courses in Healthcare Management are gaining a lot of recognition owing to its many benefits & scope. The trained professionals get in-depth knowledge and understanding regarding holistic management of health services

Some of the skills that are in focus in the

preparation of healthcare managers are: Interpersonal skills: The ability to interact well with the staff and clients is very important for a professional, and healthcare professionals are not exception of it. This is the prerequisite of success of any professionals. Some people believe that these skills are innate, but the reality is that with proper training and practice, these skills can also be developed. Leadership skills: These skills include the abil-

ity to delegate authority, motivate others and com-municate effectively. It helps the managers to take municate effectively. It nelps the managers to take thoughtful decisions and in meeting the deadlines. Analytical skills: These skills enable a professional to collect, scrutinise and analyse the information effectively. These skills are required in efficient decision-making. Students are engaged in research projects and given research-based assignments and dissertation.

and dissertation.

Goal setting skills: Appropriate goal setting is very important for a professional. Prior to goal setting, all the resources must be analysed and then goals should be set accordingly. The success of the manager also depends on the extent of goals

he achieves.

he achieves.

Entrepreneurial skills: The ability to take initiatives, grab new opportunities, risk taking abilities and decision-making in the uncertain situations are the key skills for a successful managers.

In the current scenario, the scope of healthcare industry is tremendously widening, bring in a large pool of opportunities in terms of employment. Besides the doctors and other parameteral settle for the healthcare industry to day looks. medical staff, the healthcare industry today, looks forward to qualified and specialised healthcare management professionals who can handle the administrative and the management needs well

The job profiles offered to healthcare man-agement professionals involve management of the internal affairs of the hospital or medical instiinternal anians of the nospital or medical insu-tution. Being a professional in health care man-agement, you also have to deal with critical man-agement problems encountered by hospitals and other healthcare agencies and respond favorably to such adverse situations. Usually, these candi-

to such adverse stuttations. Csuality, these candidates are placed in community hospitals, rehabilitation facilities, outpatient clinics, and hospices with flexible work timings.

Some of the other job roles that a person can get placed on, upon pursuing post graduation in Healthcare Management are as a hospital administrator, healthcare finance manager, medical director. He recruiter blood bank admissitrator. director, HR recruiter, blood bank administrator, pharmaceutical project manager, etc. Today, the healthcare industry has identified

and realised the importance of management pro-fessionals and specialised administration staff for improving medical infrastructure and healthcare facilities. The trained professional develops diverse knowledge and understanding to holis-tic management of health/ hospital services. They are sought after by Government as well as the private/ corporate sector.
The writer is director, IIHMR Delhi.