A Retrospective Study of Hospital Managers in Selected Hospitals and Its Relation with Present Outcomes of Hospital and Healthcare Management Programmes.

1.Ms. Vandana Patel (Admin & HR), 2. Mr. Firoz Mansuri (M.Sc Nursing, Research Scholar)

ABSTRACT
The Indian healthcare industry, which comprises hospitals, medical infrastructure, medical devices, clinical trials, outsourcing, telemedicine, health insurance and medical equipment, is growing at a very rapid level. The hospital & healthcare sector in India, as an industry, is very much in a state of evolving maturity. It is in a state where hospital complexes are emerging at a fast pace, which employ number of physicians and other health care personnel. It is in such a context that it becomes imperative to ensure that there are well-established ways of assessing personnel with suitable competencies; where the term competency refers to a state in which an individual has the requisite or adequate ability or qualities to perform certain functions. A Competency Based Education (CBE) is much prevalent and practiced in all the institutes of United States providing healthcare management education. No such concept is in practice in India. Thus through this study, researcher has explored the possibility of developing and implementing competency based education model in health care management. Many institutes in India are today running various courses in the field of Hospital & Health care Administration/ Management, but still there exists a perceived gap between the skills required and quality of preparation of the students at the graduate and post-graduate level. Thus this research is undertaken with a view to initiate establishing benchmark for healthcare management graduates with respect to the competencies essential for their successful professional performance. To further the effort of bridging the gap of what exists and what is required in terms of competencies the present study will help with laying a base for developing a common curriculum for this specialized field. The researcher has surveyed all the stakeholders associated with the Hospital & Healthcare Management Programme, which include students, alumni, and faculty and also industry experts.

As part of overall management development process, this study aims to identify the skills important for hospital administrators and to evaluate the current curriculum used for imparting learning required in this specialized area.

I.   INTRODUCTION:
Healthcare sector growth in India:
          The Indian healthcare industry comprises of hospitals, medical infrastructure, medical devices, clinical trials, outsourcing, telemedicine, health insurance and medical equipment and the industry is expected to continue its rapid expansion, with an estimated market value of US$ 280 billion by 2020[1.] It is the one of the most vigorous and multifaceted industry in the world, which in turn has driven the demand for leaders with both business insight and exceptional understanding of intricacies of this industry. The healthcare scenarios are in a state of continuous flux because of the economic liberalization and a paradigm shift from a more collectivized pattern to a combination of public and private enterprises.

          According to a report titled, 'Indian Medical Device Market Outlook to 2017'by RNCOS" – a leading business research and consultancy firm, in all industry verticals including healthcare, retail, energy, information technology and telecom; the hospital services industry is expected to be worth US$ 81.2 billion by 2015. In 2012 the Indian hospital services sector generated revenue of over US$ 45 billion. This revenue is expected to increase at a Compound Annual Growth Rate (CAGR) of 20 per cent during 2012-2017. With Hospitals accounting for largest share inHealthcare market, opportunities are enormous [2].

The hospital & healthcare sector in India, as an industry, is very much in a state of evolving maturity. It is in a state where hospital complexes are emerging at a fast pace, which employ number of physicians and other health care personnel. It is in such a context that it becomes imperative to ensure that there are well-established ways of assessing personnel with suitable competencies, where the term competency refers to a state in which, an individual has the requisite or adequate ability or qualities to perform certain functions [3].
Like any good business, the healthcare organizations too need quality managers to maintaina smooth running organization.

A Changing System of Healthcare:

As stated, by Thomas. C. Dolan, President & Chief Executive Officer, American College of Healthcare Executives, Healthcare is changing more rapidly than almost any other field. Some of the factors contributing to this change can be enumerated as:

Better-informed patients demanding high-quality care: As the patients are becoming more aware with surge of information available to them through various sources (print and e- media), it has led to demand in high-quality services from the providers for them. Being aware of more options available, will help them make treatment decisions more sensibly. Eventually they will become active participants and self-managers of their health and health care needs. This again will put pressure on administration of healthcare facility to provide the services as desired by the patients. This needs presence of qualified staff who are well educated, groomed and trained sufficiently to meet their expectations4.

With all the above changing facets, it is a stimulating time for healthcare management, where there is a requirement of talented people to help introduce and manage the changes that are taking place at such a rapid pace6. In their roles, healthcare executives have an opportunity to make a significant contribution to improving the health of the communities that their organizations serve. As a result of the transformation taking place in the healthcare system, job opportunities for healthcare executives are becoming more diverse and challenging. Thus, more & more positions for healthcare executives may be now found in a wide variety of Indian settings, such as: corporate hospitals, consultancy services offered in healthcare domain, research & development organizations, non-governmental / public sector, healthcare insurance and also the much booming wellness and indigenous medical equipment industry. With development in technology and broadening of the market at the global and the national level, more verticals are getting added, thereby increasing the demand of qualified healthcare management professionals.

The graduates decide for a career in healthcare management, which may begin at any stage, be it at an entry level to mid-level management position in any of the following specialized areas:

Government relations
1. Human resources
2. Information systems
3. Marketing and public affairs
4. Materials management (purchasing of equipment and supplies)
5. Medical staff relations
6. Nursing administration
7. Patient care services
8. Planning and development

Each of these areas offer challenging prospects associated with the profile.

In order to map employees, hospital jobs have to be defined. However, hospital jobs are not defined because of complexity. Complexity is derived from characteristics of hospital such as diverseness of patients' demand to healthcare services[55].According to the literature, the competency model in health care industry is rarely established, the approaches being used include, 1) drawing from an existing model from the same or similar company; 2) developing by consultants through focus groups, surveys, or interviews to identify competencies. There are some drawbacks of using existing model because each company has its own problems or characteristic, a model might not fit to the two similar companies. If the model is poorly constructed, the competencies may not accurately link to desired results. It may waste resources developing employees' competencies that are not needed[42]. The Indian hospital industry has to yet adopt full-fledged competency mapping approach for its various manpower requirement. There are no documented evidences that explain the process of competency mapping procedure adopted in Indian hospitals. Still the following flow chart explains step by step process that can be adopted for formulating competency model which will further help in competency mapping in hospitals as well:

History of Management:

Management has always been discussed and defined in terms of its root word, manage. The

word manage is derived from Latin word manus, meaning hand. Though, when stating the English definition of word manage it denotes 'to train a horse in its paces'. With many prevalent definitions today, the word ' manage' is identified with control or guide; to have charge of; to direct; to administer; to succeed in accomplishing, etc. . It is a difficult task to summarize evolution and growth of management as a concept and also as a field of education. The following figure depicts this line of thinking:
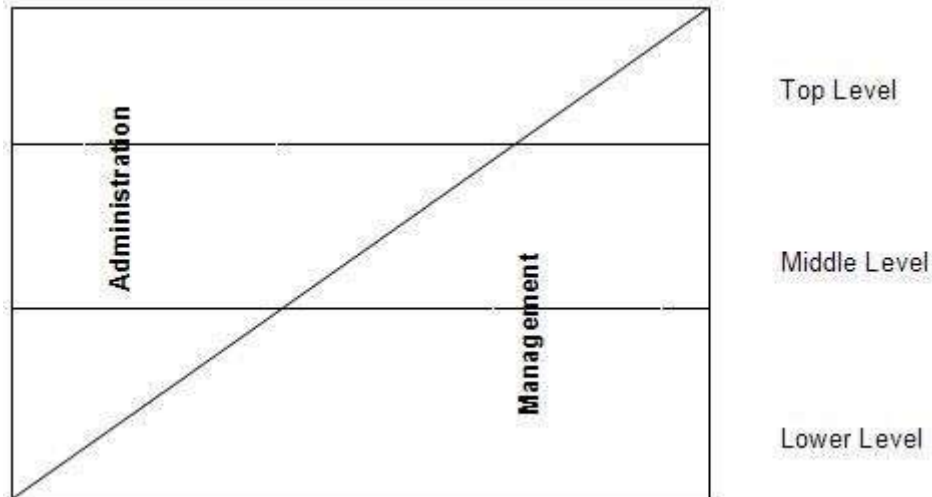
Levels of Management & Administration

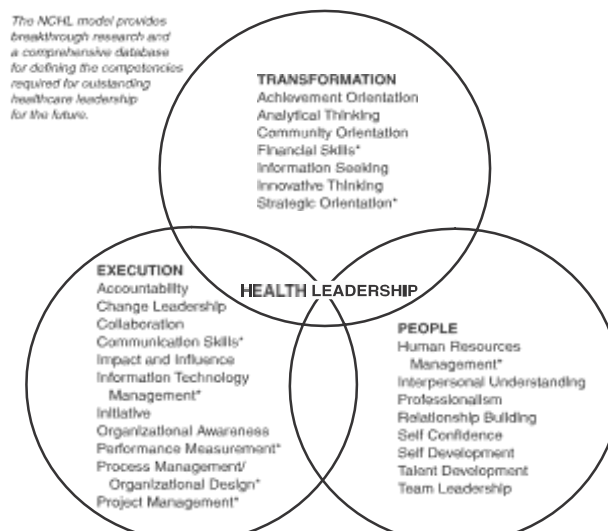| Steps	Objectives	Procedure
1	Description of Hospital Jobs in structure	Application of the Concept of Unit Process & Process Flow
2	Determination of required competence	Listing required competence on each action type by level classification
3	Determination of possessed competence of employees	Linking possessed competence and employee occupation
4	Selection of the appropriate candidate	1. Comparison of required competence & possessed competence 2. Selection of the appropriate candidate

A Model For Mapping Competence At Hospitals

DOMAIN	Communication & Relationship management	Leadership	Professionalism	Knowledge of Healthcare Environment	Business Skills & Knowledge
	Relationship Management	Leadership Skills & Behaviors	Personal &Professional Accountability	Healthcare Systems &Organization	General Management

			s	
Communication Skills	Organizational Climate & Culture	Professional Development &Lifelong Learning	Healthcare Personnel	Financial Management
Facilitation & Negotiation	Communicating Vision	Contributions to the community &Profession	The Patient's Perspective	Human Resource management
	Managing Change		The Community & the Environment	Organizational Dynamics & Governance
				Strategic Planning &Marketing
				Information management
				Risk Management
				Quality Improvement

Common competency domains & clusters:

The NCHL model provides breakthrough research and a comprehensive database for defining the competencies required for outstanding healthcare leadership for the future.

TRANSFORMATION
Achievement Orientation
Analytical Thinking
Community Orientation
Financial Skills*
Information Seeking
Innovative Thinking
Strategic Orientation*

HEALTH LEADERSHIP

EXECUTION
Accountability
Change Leadership
Collaboration
Communication Skills*
Impact and Influence
Information Technology
    Management*
Initiative
Organizational Awareness
Performance Measurement*
Process Management/
    Organizational Design*
Project Management*

PEOPLE
Human Resources
    Management*
Interpersonal Understanding
Professionalism
Relationship Building
Self Confidence
Self Development
Talent Development
Team Leadership

Status of Hospital & Healthcare Management Courses in India:
Over 100 institutes (government, semi-government and private) in India are offering courses such

as Masters in Business Administration- Hospital Administration, Masters of Hospital Administration, Masters in Hospital & Healthcare management, Post graduate diploma in healthcare management, Master of Business Administration Health Care & Hospital Administration, Master of Business Administration in Health Care Management, Post Graduate diploma in hospital &health management, diploma in hospital and healthcare management through distance education mode and many more.

There are many institutions, mainly private and Deemed Universities offering one year post graduate diploma full time programme and also one year diploma through distance education mode by open universities. These distance education courses are primarily for in-service professionals already associated with industry. For professionals having two or more years of work experience executive programmes in healthcare management are available, these programmes are offered as part-time or as weekend programme. As this has become a lucrative option for both the providers as well as the beneficiaries to enroll in such programmes without undergoing stringent entrance exam, and as a profit- making business, the mushrooming of such institutions without any authorized regulation and permission from competent body like AICTE for full time programme and distance on conduct and content of programme structure has left more candidates passing out each year but who are less qualified and competent to face the industrial challenges, leaving the gap unfilled.

The rampant growth of such programmes without appropriate approval from designated authorized body leaves less scope of grooming and acquiring right manpower with right set of skills.

Research Design & Settings:

This research is Retrospective in nature. A cross-sectional study was conducted from October 2018 to September 2021 to obtain feedback from all the concerned stake holders from select institutes in India which includes the students pursuing their post-graduation in the field of hospital administration/ management (1st year & 2nd year- 2 batches), the students who have successfully completed this programme (Alumni) & are now part of the professional circuit of healthcare industry. It also included feedback from faculty members who are involved in teaching/preparing the students of this programme along with the industry experts (from select hospitals across India) who recruit these graduates. The present study focuses on 'competency mapping' of middle level Hospital managers, in Indian context and proposes to bring out the current situation of competency based healthcare management education in India; by assessing the present gap of what competencies are essentially required and looked for in a Hospital & Healthcare Management graduate.

Category	Source Population	Sample Size
Students (1st & 2nd Year)	10 Institutes offering master's degree in hospital & healthcare management programme consisting of 1014 students	6 institutes 624 students
Alumni	Students who are degree holders and are working in industry with work experience of 6 months & more	Database of total 82 alumni available.
Academicians	Full time faculty of 10 institutes, total number 44	6 institutes 26 faculty responded.
Industry Experts	10 Hospitals with total no. of 48 staff involved in training, recruitment & selection	33 industry experts responded.

II. CONCLUSIONS:

The study is an attempt to highlight knowledge, skills and attitudes required for mid-level managers in Indian hospitals.

Number of factors have been identified that are of relevance for the job positions.

As the demand for the course in Hospital & Healthcare Management is increasing at a rapid pace in India, identification of competencies based on the needs of the industry will surely facilitate a dialogue between all segments and organizations that are into providing training to these prospective hospital managers/ healthcare executives.

With Corporate culture rapidly gripping the hospital industry, there is a need of having a specialist, who specializes with management tools and techniques applicable specifically to the hospital industry. With newer job roles coming in vogue, the programme is no more restricted only to medical graduates but has equal reach among the non- medical graduates as well.

Findings from the responses of first and second year students suggest that there is a need to shift from formal age-old approaches adopted for teaching and also to bring in changes in the examination pattern to include more informal and objective approaches rather than promoting a culture of rote learning.

To address the lack of capacity and with a view to bring in objective improvement in the learning outcomes offered by such programmes, changes in the curriculum should be done meticulously across all the institutes offering such programmes. Moreover, the focus should be to enhance the curriculum, to impart core competencies required at initial stages of a career as a hospital administrator.

The above can be achieved with a regulatory body laying out standardized guidelines to be followed by concerned institutes similar to or on the lines of the American College of Healthcare Executives (ACHE). The same has also been the response from faculty as well as from industry experts to have an accrediting body. This will aid in enlisting affiliation and accreditation standards to improve the quality of higher education in the field of hospital and healthcare management.

The study has brought out key areas where improvement is needed so as to elevate the overall healthcare scenario and thereby maximize service satisfaction at all levels; be it employers, employees,

Since, the study was limited to six institutes offering this programme in India, further studies are warranted to include broader perspective

culture of rote learning.

Responses from alumni and industry experts indicate lack of management capacity in certain areas w.r.t knowledge, skills and attitudes required for better performance in the healthcare sector.

However, there exists a gap in terms of understanding, knowledge and approach between medicos and non- medicos, and thus the primary focus of this programme should be to bridge this gap. The same can be done with defined eligibility criteria, set selection procedures, intake measures and also to a large extent the pre induction material that is offered to the students has to be standardized to cater to the needs of this mixed background of the student population.

The present curriculum should be evaluated and weighted by industry partners on a regular basis. It is the need of the hour to cope up with an- ever changing environment. A formal "Industry- Academia" partnership is vital to recognize essential management competencies for future. 7.8.The overall findings reflect there is need of improvement desired by the candidates as well as the working professionals (alumni & industry experts) in the areas of domain knowledge, financial

the service providers and ultimately the patients and relatives. These findings have also provided insightful directions for all the stake holders (viz. students, faculty, industry- experts and alumni) involved with such programmes.

To, sum up student's evaluation of programme should serve as a starting point for the quality enhancement of the programme with immediate effect. Attempt should be made to develop suitable models of competency mapping applicable in Indian setting with the inputs obtained. Models like NCHL Healthcare Leadership Competency Model should be studied for its suitability in Indian context.

Although some of the competencies have changed over the past 15 years as a result of the changes in healthcare environments, the thing that remains constant is this dynamic role and the need to develop managers that hold this pivotal role. Performance expectations for healthcare mangers are often complex and unrealistic. Building on these competencies through practice, education and role-modeling can create a strong foundation of knowledge and skills that will ultimately impact an organization at the unit level where the impact on staff and patients is the greatest.

on the said issue to identify the existing competency gap for hospital administrators in our country.

Competency mapping is an essential task for all the organisation and employee development, it is essential for the organizations to maximize utilization of these talents to gain competitive advantage. The major onus lies on faculty members too, to bring this change into effect, these academicians should take up the role of promoting student and skill acquisition.

As rightly pointed out by one of the respondent to an open ended comment sums up the main crux of the study is stated as, Managers have to lead with their heart as well as their head. It is critical to know when to use what thus they handle a pivotal role of keeping everything together with right approach, it is imperative therefore, to groom the younger generation to develop this mindset where they have to think logically, practically and emotionally". India being a developing nation, affordability is still an issue, thus, just a dry business concept cannot work, and it has to be strongly integrated with ethics and altruistic and philanthropic pattern to serve the larger interest of the society.

REFERENCES:

[1].   India Brand Equity Foundation. [Online].Healthcare Industry in India. Available from: http://www.ibef.org/industry/healthcare-india.aspx [Accessed 30 October 2014].

[2].   RNCOS Business Consultancy Services. [Online]. Indian Medical Device Market Outlook to 2017. Sept 2013. Available from: http://www.rncos.com/Press_Releases/India n-Medical-   Device-Market-Outlook-to-2017.htm [Accessed 18 May 2014].

[3].   Ross, A, Wenzel, F, Mitlying, J. Leadership for the Future: Core Competencies in Health Care. Chicago: Health Administration Press; 2002.

[4].   Sharon B. Arnold. Improving Quality Health

[14].   from:http://www.hpoe.org/Reports-HPOE/leadership-team-future-2014.pdf [Accessed on 6April 2016].

[15].   Gruppen, L.D, Mangrulkar, R.S, Kolars, J.C. The promise of competency- based education in health professions for improving global health. Human Resources for Health. 2012; 10(43): 1-7.

[16].   National Employability Report - MBA Graduates, Annual Report 2012. [Online]. Available   from: http://www.aspiringminds.in/researchcell/art icles/national_employability_report_mba_gr adu ates_2012.html [Accessed 18 September 2014).

Care: The role of consumer engagement. [Online]Issue   Brief   2007. Available   from: https://academyhealth.org/files/issues/Consu merEngagement.pdf [Accessed 5 April 2016].

[5].   Ronda G Hughes. Tools and Strategies for Quality Improvement and Patient Safety. Ronda G Hughes (ed). Patient Safety and Quality: An Evidence- Based Handbook for Nurses. Rockville: Agency for Healthcare Research and Quality; 2008.

[6].   American College of Healthcare Executives. [Online]. Career Resources. Available from: https://www.google.co.in/?gws_rd=ssl [Accessed 25 July 2014].

[7].   Sharma, K, Zodpey, S. Health and Hospital Management Education in India. Healthline. 2011;2(1): 13-16.

[8].   Koontz, H, Weihrich, H. Essentials of management: An International Perspective. (8 ed.). NewDelhi: Tata McGraw Hill; 2011.

[9].   Stoner, J.A.F, Freeman, R.E, Gilbert, D.R. Management. (6 ed.). Englewood Cliffs, NJ: Prentice Hall; 1996. p9.

[10].   The Economics Times. Definition of 'Competency Mapping. [Online]. Available from: http://economictimes.indiatimes.com/definiti on/competency-mapping [Accessed 13 April 2014].

[11].   Krishnaveni. J. A study on mapping of employee's competency. Indian Journal of Economicsand Development 2013; 1(3).

[12].   Competency Mapping in Indian Industries - A Case Study by V.K. Jain

[13].   Spencer Stuart. [Online] Building a Leadership Team for the Health Care Organization of theFuture.   Chicago,IL: Health   Research   &   Educational Trust;   2014.   Available

[17].   Milena M. Santrić Milicevic, Vesna M. Bjegovic-Mikanovic, Zorica J. Terzic-Supić, Vladimir Vasic. Competencies gap of management teams in primary health care. The European Journal of Public Health 2010; 21(2).

[18].   Rothwell, W, Wellins, R. Mapping your future: Putting new competencies to work for you.

[19].   Training & Development. 2004; 58(5): 1-8.

[20].   McConnell, C.R. The Effective Health care Supervisor. (6 ed.). USA: Jones and Bartlett Publishers; 2007.

[21].   Chandan, J.S. Evolution of Management Concept & Strategies. (3 ed.). Noida: Vikas

Publishing House Pvt Ltd; 2007.

[22]. Bartol, K.M, Martin, D.C. Management. (International 2nd ed ed.). New York: McGraw- Hill;1994

[23]. Laghave, A. Hospital Administration History and Introduction. Latest Trends. Weblog. [Online] Available from: http://latesttrends247.blogspot.in/2010/09/int roduction-hospital- management-is-new_02.html [Accessed 12 September 2014].

[24]. Haddock, C.C, Mclean, R.A, Chapman, R.C.

[27]. Lodha, G, Hussain, K.M. Recent changes in Hospital/ Health Administration & Quality.

[28]. Research Analysis and Evaluation. 2009; 4(42): 36-37.

[29]. Sonu G. [Online].Hospital Administration-A problem solving approach. New Delhi: Reed Elsevier India Private Ltd; 2014. Available from: https://books.google.co.in/books?id=rx2MBg AAQBAJ&pg=PA3&lpg=PA3&dq=Evoluti on

[30]. +of+hospital+administration+in+india&sour ce=bl&ots=hSECwQ-KJi&sig=pWK0dnwp7bI1PiXq7wwTli2qU Es&hl=en&sa=X&ved=0ahUKEwj8sLHY-vvLAhXFspQKHZ97Bv4Q6AEINTAE#v=o nepage&q=Evolution%20of%20hospital%20 ad ministration%20in%20india&f=false [Accessed on 6 April 2016].

[31]. Hospital Management- An Introduction. Available from: http://shodhganga.inflibnet.ac.in/bitstream/1 0603/43767/10/10_chapter%201.pdf [Accessedon 6 April 2016].

[32]. A V Srinivasan. Managing a modern hospital, 2nd ed. India: Sage; 2008.

[33]. Nusrat N.K. Evolution of Hospitals and its Management. Asian Journal of Management Sciences 2013; 1(1).

[40]. Mcgibony, J.R. Principles of Hospital administration. (2 ed.). New York: GPPutnam & Sons;1969.

[41]. Leggat, S.G. Effective healthcare teams require effective team members: defining teamwork competencies. BMC Health Services Research. 2007; 7(17).

[42]. Kunzmann C, Schmidt A. Ontology- based Competence Management for Healthcare Training Planning: A Case Study. Proceedings of 6th International conference on Knowledge Management (I-KNOW 06); 2006 Sep 6-8; Graz, Austria. [Online] Available from:

Careers in Healthcare Management: How to Find Your Path and Follow It. FACHE Chicago: Health Administration Press; 2002.

[25]. All India Institute of Medical Sciences. Hospital Administration Website. [Online]. Available from: http://www.aiims.edu/aiims/departments/hos p-admn/hosp-admin.htm [Accessed 1 July 2014].

[26]. Sodhi, T.K. Modern Dictionary of Hospital Administration and Management. New Delhi: Deep &Deep Publications; 2005.

[34]. Murugan, S.M. Nature and Scope of Management. (1st ed.) Management-Principles and Practices. New Delhi: New Age International (P) Ltd; 2005. p. 2-24. Available from: https://www.google.co.in/?gws_rd=ssl#q=20 .%09Management-

[35]. +Principles+and+Practices%2C+Chapter+1 %2C+Nature+and+scope+of+Management% 2C+ (Accessed on 31 December 2014).

[36]. Sharma, D.K, Goyal, R.C. Hospital Administration and Human Resource management. (5 ed.). New Delhi: PHI Learning Private Limited; 2010.

[37]. Carroll, S.J, Gillen, D.J. Are the Classical Management Functions Useful in Describing Managerial Work? The Academy of Management Review. 1987; 12(1): 38-51. [Online] Available from: http://www.jstor.org/stable/257992. [Accessed 12 Setember 2012].

[38]. Longest, B.B, Rakich, J.S, Darr, K. Managing health services organizations and systems. Baltimore: Health Professions Press; 2000.

[39]. Stoner, J.A.F, Chaturvedi, P.D, Hitt, M.A, Robbins, S.P, Coulter, M. Principles and Practices of Management and Business Communication. (The Custom book Edition ed.). New Delhi: Pearson; 2011. http://citeseerx.ist.psu.edu/viewdoc/downloa d?doi=10.1.1.162.2050&rep=rep1&type=pd f [Accessed on 24 September 2014].

[43]. . Megahed, N, Beatrice, I.J.M, Shaker, M, Wahba, K.M. A Framework for Developing a Multiple-Jobs Competency Model for Diplomats. International Journal of Business and SocialScience. 2012; 3(24): 42-55.

[44]. Mclagan, P.A. Competency Models. Training and Construction Journal. 1980;34(12): 22-26.

[45]. Knowles, M.S. The modern Practice of adult education, Andragogy Vs Pedadagogy. New York: New York:

Association Press; 1970.

[46]. Boyatzis, R.E. The Competent Manager: A Model for Effective Performance. USA: Wiley &Sons; 1982.

[47]. Li, A.T, Lin, Y.J, Lai, Y.P. The Building of the Competency Model for the Health Care Consultants: An Example Based on a Teaching Hospital in Central Taiwan. International Journal of Social Science and Humanity. 2011;1(3): 199-204

[48]. Yuvraj, R. Competency Mapping- A drive for Indian Industries. International Journal of Scientific & Engineering Research. 2011; 2(8): 1-7.

[49]. Calhoun, J.G, Davidson, P.L, Sinioris, M.E, Vincent, E.T, Griffith, J.R.Toward an

[52]. Reddy CM. Management Education in India .Working Paper No. XI; 1992; Bangalore, India. [Online].Available from http://www.iimb.ernet.in/research/sites/default/files/wp.iimb_.11.pdf [Accessed on May 23 2013].

[53]. Sinha DP. A Global Guide to Management Education; 2006; India. [Online] .Available from: http://www.gfmeglobal.org/global_guide/pdf/105-112%20India.pdf [Accessed on 10 June 2013].

[54]. Majumdar S. Emerging generic skills for employability in the knowledge economy. Presented at International Vocational Education and Training Association (IVETA) Conference; 2004; Vienna, Austria. [Online] .Available from: http://hdl.voced.edu.au/10707/133065. [Accessed on 30 November 2014].

[55]. Nair, P.J. Is talent management accentuated by Competency mapping? : With special reference to educational sector. International Journal of Social Science & Interdisciplinary Research. 2012; 1(11): 132-147.

Understanding of Competency Identification and Assessment in Health Care Management. Quality Management in Health Care. 2002; 11(1): 14-38.

[50]. Kaur, J, Kumar, V. Competency mapping: A gap analysis. International Journal of Educationand Research. 2013; 1(1).

[51]. Deloitte, All India Management Association (AIMA) editors. Inclusive Healthcare Management for Sustainable Development. Conference Background Note (Bangalore). 2011 Aug 06. p. 4. [Online].Available from: http://www.deloitte.com/assets/Dcom-India/Local%20Assets/Documents/Inclusive_Healthcare_in_India-AIMA.pdf. [Accessed on20 April 2013].