## **National Board of Examinations**

**Question Paper Name: DNB Hospital Administration Paper4 Subject Name: DNB Hospital Administration Paper4 Creation Date:** 2022-06-25 18:45:00 **Duration:** 180 **Share Answer Key With Delivery Engine:** Nο **Actual Answer Key:** No **DNB Hospital Administration Paper4 Group Number:** 1 Group Id: 3271871109 **Group Maximum Duration:** 0 180 **Group Minimum Duration: Show Attended Group?:** Nο **Edit Attended Group?:** No Break time: 0 100

## **DNB Hospital Administration Paper4**

No

No

**Cant View** 

Section Id: 3271871112

**Section Number:** 1

**Group Marks:** 

Is this Group for Examiner?:

**Examiner permission:** 

**Show Progress Bar?:** 

Section type: Offline

Mandatory or Optional: Mandatory

Number of Questions to be attempted: 10

Section Marks: 100

**Enable Mark as Answered Mark for Review and** 

Yes Clear Response:

**Maximum Instruction Time:** 0

Sub-Section Number: 1

**Sub-Section Id:** 3271871116

**Question Shuffling Allowed:** No

**Question Number: 1 Question Id: 32718710142 Question Type: SUBJECTIVE Consider As** 

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time:0

Please write your answers in the answer booklet within the allotted pages as follows:-

Question Number	Answer to be attempted within	Question Number	Answer to be attempted within
Q. 1	Page 1-5	Q. 6	Page 26-30
Q. 2	Page 6-10	Q. 7	Page 31-35
Q. 3	Page 11-15	Q. 8	Page 36-40
Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

- 1. Operating department:
- a) Discuss about various zones in OT. [5]
- b) Comment upon Ventilation System of OT. [5]

Question Number: 2 Question Id: 32718710143 Question Type: SUBJECTIVE Consider As

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

Intensive Care Unit: You are conducting quality assessment of ICU as an assessor. Prepare a checklist to assess the ICU for:

- a) Infection Control. [4]
- b) Documented Policies of ICU. [3]

c) Nursing manpower. [3]

Question Number: 3 Question Id: 32718710144 Question Type: SUBJECTIVE Consider As

Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction

Time: 0

**Laboratory Services:** 

a) Comment upon quality assurance in Laboratory. [7]

b) Procedure to monitor Critical Results. [3]

Question Number: 4 Question Id: 32718710145 Question Type: SUBJECTIVE Consider As

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

**Central Sterile Supply Department:** 

- a) Areas in CSSD. [2]
- b) Zoning. [2]
- c) Quality indicators used. [4]
- d) Recall procedure. [2]

Question Number: 5 Question Id: 32718710146 Question Type: SUBJECTIVE Consider As

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

Infection Control in hospital:

- a) Enumerate salient aspects of Infection Control Programme of a Hospital. [6]
- b) Enumerate mandatory Hospital and Healthcare Associated Infections / issues you will include for surveillance in Hospital Infection Control Programme. [4]

Question Number: 6 Question Id: 32718710147 Question Type: SUBJECTIVE Consider As

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

Equipment management in a hospital:

a) As a Medical Superintendent of the hospital, prepare a checklist for assessing Medical

Equipments. [7]

b) How would you calculate equipment utilization? [3]

Question Number: 7 Question Id: 32718710148 Question Type: SUBJECTIVE Consider As

Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction

Time: 0

**Emergency Medical Services of hospital:** 

- a) Enumerate various areas of Emergency services. [2]
- b) Write objectives of emergency services. [2]
- c) Enumerate Quality Indicators that can be used for Emergency Services. [6]

Question Number: 8 Question Id: 32718710149 Question Type: SUBJECTIVE Consider As

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

**Dialysis Unit:** 

a) Salient aspects of Quality Assurance for Dialysis delivering system. [3]

b) Consent procedure in Dialysis Unit. [7]

Question Number: 9 Question Id: 32718710150 Question Type: SUBJECTIVE Consider As

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

**Medical Records:** 

- a) Enumerate parameters for medical record audit. [5]
- b) You are the Medical Superintendent of a hospital. Medical Record In-charge is approaching you with the issue that there is no space in Medical Record department due to old records. What measures you will suggest? [5]

Question Number: 10 Question Id: 32718710151 Question Type: SUBJECTIVE Consider As

Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

Enumerate salient aspects of transferring a patient:

- a) To other hospital. [5]
- b) Inter-hospital transfer from one ward to another. [5]