A Study “Home Healthcare Services Status and Service completion days of Patients through Management Information System”

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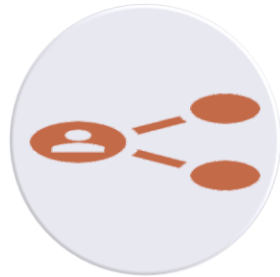
Introduction

TRADITIONALLY HOSPITAL-BASED CARE, BUT NOWADAYS HEALTHCARE AT HOME OFFERS INDIVIDUALS CONVENIENT AND APPEALING MEDICAL SERVICES IN THEIR HOMES.

MANAGEMENT INFORMATION DECENTRALIZED PATIENT HEALTH RECORDS ENABLING AN INSTANCE OF SERVICE MONITORING PROGRESS AS WELL AS IMPROVING COLLABORATION AND COMMUNICATION BETWEEN HEALTHCARE PROFESSIONALS.

THE SYSTEM MAY GENERATE STATISTICS AND GRAPHS THAT AID IN TRACKING THE PROGRESSION AND TIMELINE OF CARE BY ACCUMULATING RELEVANT INFORMATION SUCH AS THE START AND FINISH DATE OF SERVICE PERFORMED.

THE INVESTIGATION SUPPORTS TIMELY INVOICING FOR CUSTOMERS AND ENSURES HEALTHCARE PROVIDERS RECEIVE PAYMENT FOR THEIR SERVICE.



PROPER MONITORING HELPS THE COMPANY FOCUS ON FRESH INBOUND LEADS, THE SPEED OF SALESPERSON RESPONSES, AND OFFERING BETTER SERVICES TO CLIENTS AND COOPERATION.

Research Question

Why there is a gap between the creation date of patients' IDs and starting date of services of Business to customer (B2C)?

Why is Patients information missing from the dashboard available in the organization's platform and the reason behind it?

Objective

EVALUATION OF THE DATA AVAILABLE ON THE PLATFORM AND DASHBOARD OF THE ORGANIZATION'S PLATFORM AND ITS GAP.

EVALUATING THE CONFIRMED NUMBER OF DAYS OF SERVICES PROVIDED BY THE PROVIDER'S AUTHENTIC BILLABLE AMOUNTS.

OBSERVING THE PATIENT'S STATUS, ESPECIALLY OF THE ACTIVE PATIENTS, AND IDENTIFYING THE GAP BETWEEN THE CREATING DATE OF THE PATIENTS I'D AND STARTING DATE OF SERVICES OF THE BUSINESS TO CUSTOMERS (B2C) PATIENT.

EVALUATE THE MAXIMUM AND MINIMUM NUMBER OF DAYS FOR HOME HEALTHCARE SERVICES TAKEN.

Literature Review

Sl no.	Title	Author	Year	Feature
1	The Role of Human Factors in Home Health Care: Workshop	George Demiris	2010	1. Patient empowerment through access to information, choices, and involvement in the decision-making process.
2	Hospital information technology in home care	Xiao-Ying Zhang and Pei-Ying Zhang	2012	1. Technological advances and health information platforms empower patients to actively participate in healthcare delivery and receipt. 2. Age is not a barrier to the use of HIT. Elderly individuals initially expressed fear but gradually overcame it. 3. Health professionals have confirmed in these studies that HIT was beneficial in gaining better access to information regarding their patients and they were also able to save that information easily for future use.

Methodology

Study Design:

An observational study has been done on the topic to observe the factor contributing to the gap and provide insights into a potential solution for improved workflow and coordination

Study population:

- Inclusion Criteria: All populations who registered themselves for the service of Home Healthcare

- Exclusion Criteria: All populations who are not registered for Home Healthcare service.

Study Setting:

This study was conducted at the office premises “SEVA AT HOME INDIA PVT LTD. and personal communication among the employee of the organization.

Duration:

The study duration is going to be 3 Months (March 1, 2023, to May 31, 2023, i.e.,90 days).

Sample Size:

In this study total of 187 patients of the organization and 94, missing patient records are missing from the Dashboard of the Organization.

Sampling Technique:

A random sample of patients from the organization’s database is selected using a simple random sampling technique.

Data Analysis:

The Primary Data collected with the help of the schedule would be analyzed using MS Excel for a better understanding of the results.

Results

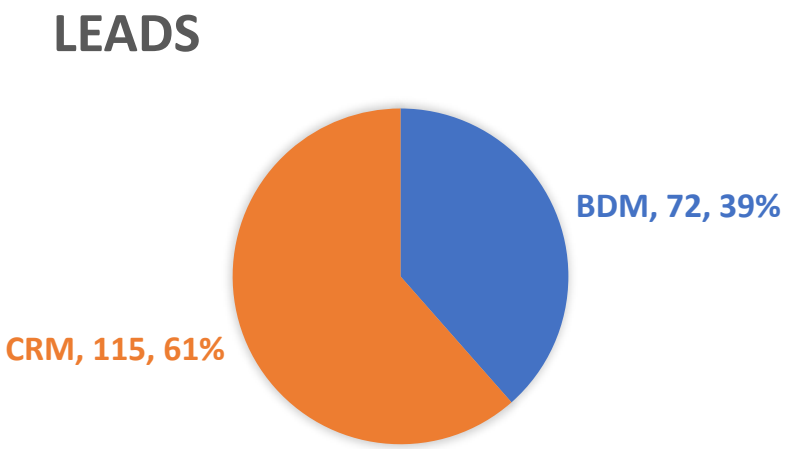


Fig. 1.1 Business leads

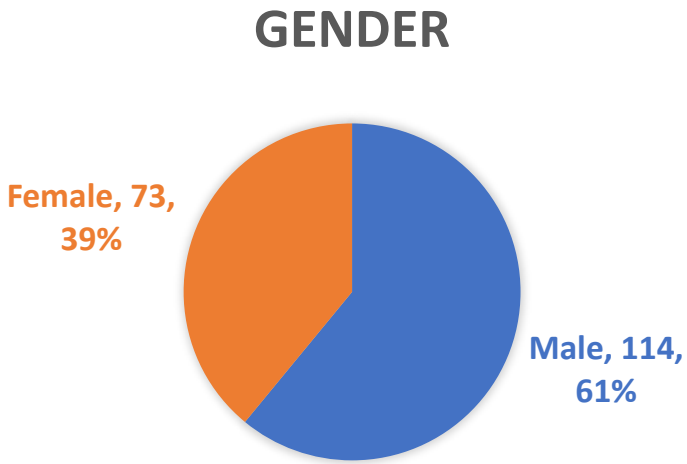


Fig 1.2 Gender Representation of data

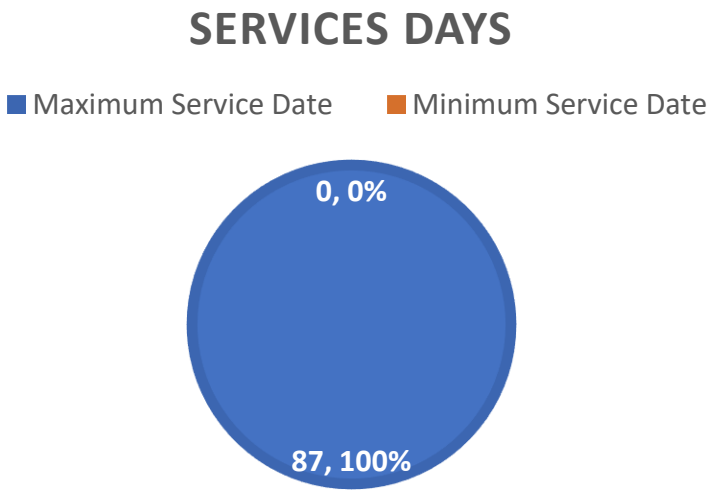


Fig. 1.3 No. of Services days

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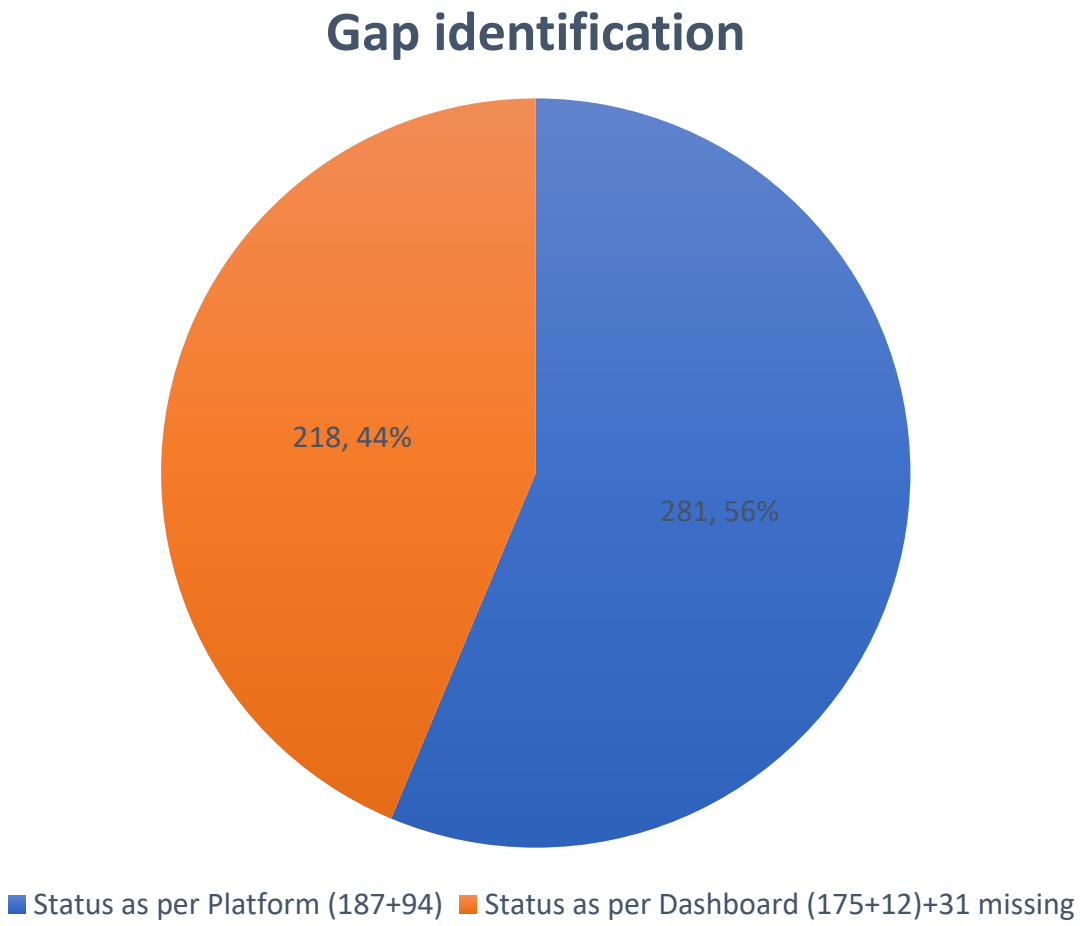

Fig. 1.4 Gap Identification of the Platform And Dashboard

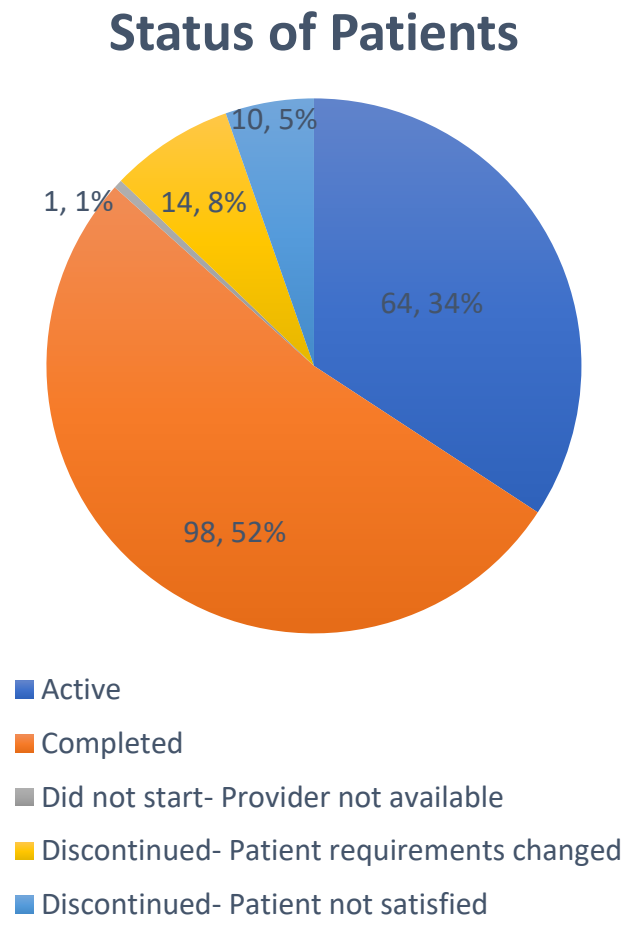

Fig. 1.5 Status of the patient's data on the Dashboard

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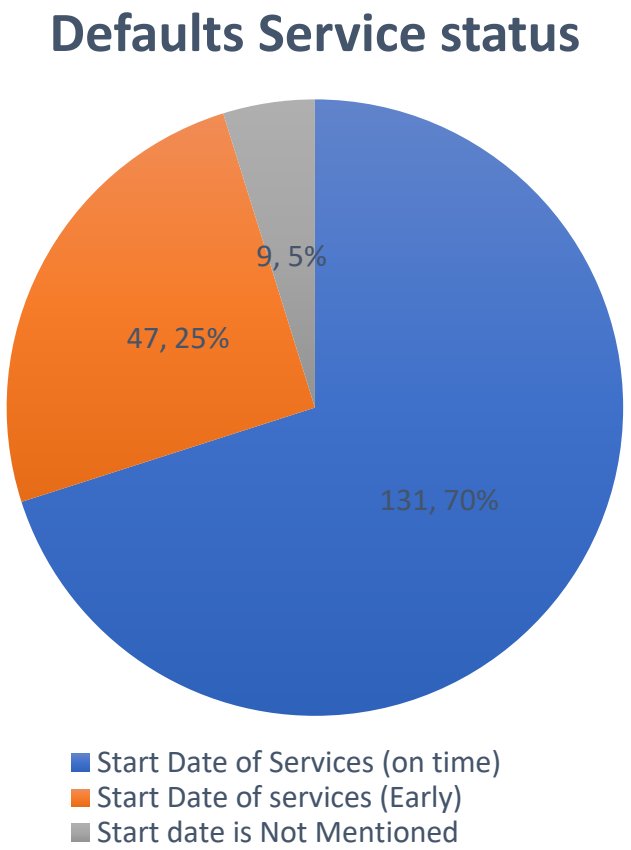

Fig. 1.6 Defaults in the service's details of the patients

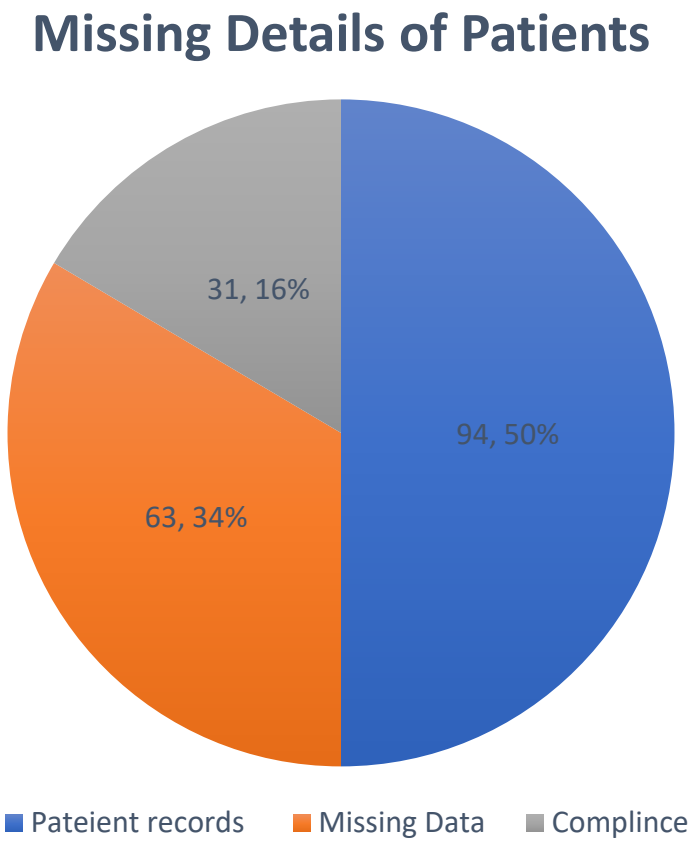

Fig. 1.7 Patient Missing Records

Discussion

Leads Generation: Compared to BDM (39%) efforts, CRM efforts produced a larger number of leads (61%) that generated possible business possibilities. BDM works in offline mode while CRM works in online mode, so BDM is more responsible for creating business leads easily by meeting with clients directly as compared to CRM.

Gender representation: Males are 61 percent more likely than females are 39 percent only have utilized the services of homecare highlights the need for more research into how gender affects access to and use of home healthcare services.

Service Days: Maximum duration is 87, and the minimum duration is 0, required further investigation behind the reason for a minimum day of service like customer satisfaction with the service, staff behavior towards customers, changes in their requirements, or by provider unavailability.

Gap Identification: The status as per the platform is 281 and the status as per the dashboard is 218, which means 63 patient data is missing from the dashboard due to not updating initial patient details in the platform of the company and must ensure compressive and accurate patient information lead challenges in providing appropriate and timely healthcare services.

Contd.

Patients Status: There are 64 patients are active, 98 patients are completed their service, 1 patient did not start due to provider unavailability, 14 patient requirements changed, and 10 patients are not satisfied with the services, this finding points out the necessity of ongoing patient satisfaction monitored and the need to address other factors that influence service discontinuation.

Defaults Services Status: In 131 cases, the Start and create date have been entered simultaneously, in 47 cases, the start date is mentioned but the id hasn't been created, and in 9 cases, the id is created but the service start date is not mentioned in the platform of the company so neglecting of these issues creates difficulties for the finance team to create invoice because the platform is the only medium for making invoice for the patients.

Missing patients of patients: Out of the 94, patient data, 63 patient data still missing, after the compliance of 31 data has been added after the studies, so the person responsible for the entry of the data ensures a comprehensive representation of the patient's information by adding initial patient contact need to be added.

Conclusion

The research topic addresses an important aspect of healthcare delivery, namely home healthcare services. By investing in the role of the management system in this context, the study contributes to a better understanding of how technology can support and enhance the provision of home healthcare services. Additionally, these systems can provide insights into the status of patient care, allowing home healthcare organizations to monitor service completion and identify any gaps or delays in care delivery particularly timely and accurate completion of services is crucial for patient outcomes and satisfaction through delivery within the prescribed timeframes.

Recommendation

- Link the Seva at-home application with the platform through which the service provider marked their attendance through capacity building of the service providers.
- Maintain both offline and online data of the service provider by the allocation team who is responsible for providing efficient providers who serve the customer.
- Follows up on customer feedback process and conduct training program to enhance staff skill and knowledge, address gender and marital status differences in perception based on these issues.
- Hire a trusted home healthcare services provider because many of the cases recorded were service provider theft in the customer's houses.
- Grievances redressal option should be given to the services provided through one-time OTP generation.
- Collaboration and coalition-building across sectors and with external partners.

Annexure

Sl No.	Pat. Id	Pat. Name	Initial Patient Contact (BDM/ CRM	Types of Providers	Name of the Partner	Name of The Provider	Providers ID	Nurse Case Manager	Product/service Name	Duration in Hours	Service Status	Periods		No.of Day		Total Payable day
												From	To	1	2 …. .	No.

Thank You