A Study." Home Healthcare Service Status and Service Completion Days of Patients through Management Information Systems of the organization".

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment of the reward for the award of the degree of

Master of Business Administration (MBA)

in

Development Management

by

Amit Kumar

Under the Supervision and Guidance of

Dr. Goutam Sadhu

2021-2023

A Study." Home Healthcare Service Status and Service Completion Days of Patients through Management Information Systems of the organization”

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment of the reward for the award of the degree of

Master of Business Administration (MBA)

in

Development Management

by

Amit Kumar

Under the Supervision and Guidance of

Dr. Goutam Sadhu

2021-2023

DECLARATION

I hereby declare that this dissertation is titled Study on “A Study." Home Healthcare Service Status and Service Completion Days of Patients through Management Information Systems of the organization” This is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Amit Kumar

5th June 2023

2nd June 2023

To whomsoever it may concern

This is to verify that Mr Amit Kumar has successfully completed his internship from 1st March 23 till 31st May 23 with Seva at Home India Pvt Ltd. During his internship he has worked on the project **"Home Healthcare service status and service completion days of patients through Management Information System"**

~~He~~ was found to be hardworking and sincere during this period. We wish him the very best in all his future endeavours.

For **Seva at Home India Pvt Ltd.**

Shalini Gugnani

Ms Shalini Gugnani
Dy General Manager - Human Resource

This is to certify that the dissertation titled Study on “A Study." Home Healthcare Service Status and Service Completion Days of Patients through Management Information Systems of the organization” is a record of the research work undertaken by Amit Kumar in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide	School Dean
IIHMR University, Jaipur	IIHMR University, Jaipur
Date: 5th June 2023	Date: 5th June 2023

ABSTRACT

Title - "A Study." Home Healthcare Service Status and Service Completion Days of Patients through Management Information Systems of the organization**"**

Home healthcare services have emerged as a vital alternative to traditional hospital-based care, offering patients the convenience and comfort of receiving medical assistance in their own homes. In addition to the possibilities to increase patient satisfaction, lower healthcare expenses, and improve patient outcomes, this kind of home healthcare has been increasing in popularity.

In the study, Observational methods were used in which patients registered themselves for the service of Home Healthcare from "SEVA AT HOME INDIA PVT LTD., and personal communication among the employee of the organization in Gurgaon over a period of three months were considered. Simple Random Sampling techniques were used in finding the results. The data was put in Excel format and analyzed.

To achieve the objective, a total of 187 patients of the organization and 94, missing patient records are missing from the Dashboard company, intends to gather knowledge about the proportion of patients who are receiving care and those whose services have been completed by analyzing the data available. This finding also raises concerns about data management and the accuracy and completeness of the information captured in the system. And a number of the data is missing from the company dashboard which reveals that the company didn't get the actual data of the patients whose services are not recorded due to the finance team are not able to create invoices of the customer and done payment of vendors who deliver services to the patients.

In conclusion, the finding highlights the importance of addressing missing patient records, ensuring accurate and complete data entry, and improving communication between service creation and initiation processes. Enhancing data availability and addressing any gaps in the patient record is crucial for effective decision-making, resource allocation for the finance department, and providing high-quality home healthcare services to the patients.

Keywords – Home Health care, Platform, Dashboard, Initial Patient Contact, Business development manager, Customer relationship manager, Missing Data, Compliance Rate.

ACKNOWLEDGEMENTS

At the very beginning of this report, I would like to extend my sincere gratefulness and heartfelt appreciation towards all the respected personages who have helped me to attempt this endeavor. Without their active guidance, assistance, cooperation, and motivation, I would not have made an advancement in the report. It is a privilege to have a wonderful 90-day (1st March – 31st June) internship in India's leading home healthcare organization. The internship experience I had with the SEVA AT HOME, GURUGRAM was a great chance for growth, learning, and professional evolution. I am appreciative of this chance and for getting the opportunity to meet such countless brilliant individuals and experts who directed me through this internship.

I would like to take this moment to express my deepest acknowledgment and special recognition to the Chief Operating Officer, Mr. Arun Datta sir, who despite being outstandingly busy with his work schedule, took time to listen, direct and keep us on the rightful path and permitting us to carry our internship at the organization and guiding throughout the internship.

It is my deepest emotion to place on record my best compliments and a deep sense of gratitude to Mr. Amit Kumar (Account Manager) for providing necessary advice, guidance, and information during every step. I am using this opportunity to admit their contribution delightfully.

I would like to express genuine thanks to Dr. P.R. Sodani (President, IIHMR University, Jaipur) for giving me a chance to do a summer internship. Now, I would like to express my honest gratitude towards my mentor at IIHMR University, Dr. Goutam Sadhu (Dean & Professor) for his support, invaluable instructions, and supervision. This report is the result of his meticulous and generous outlook.

I would also like to express a deep sense of gratitude to the Placement Cell of my esteemed university for guiding me throughout the internship process and for providing time-to-time internship guidelines.

Table Of Content

CONTENTS

TABLE OF FIGURE

ABBREVIATIONS

Sl. No.	Abbreviation	Full Form
1.	CRM	Customer Relation Manager
2.	BDM	Business Development Manager
3.	MIS	Management Information System

CHAPTER 1: INTRODUCTION

Home health care is an acronym used to describe both medical and non-medical services given to people in their own homes. It is a form of healthcare that enables patients to get individualized attention and support in the security and familiarity of their own homes. This evaluation assists in creating a personalised care plan that takes into account the particular needs and objectives of the person. To understand an organization's strengths, and limitations, and pinpoint any gaps, it is crucial to evaluate the data that is available on its platform and dashboard. The goal of this study is to evaluate the data that is present on a certain organization's platform and dashboard. An organization's platform and dashboard act as a central data store, giving users a thorough understanding of all elements of its operations, performance, and results. Customer profiles, transactional data, operational metrics, financial records, and other information can all be included in the platform of company. Organizations may improve their overall efficiency and effectiveness by analyzing the data on the platform and dashboard to obtain insights into their performance, pinpoint areas that need improvement, and make data-driven choices. The organization's capacity to get a complete and accurate picture of its activities can be hampered by data gaps or platform restrictions. These gaps may exist as a result of a number of things, including inaccurate data entry and insufficient data gathering.

In order to spot any inconsistencies or possible fraud, this review involves comparing the healthcare provider's documented services with the billable amounts submitted for reimbursement and ensuring accountability, transparency, and financial integrity in the healthcare sector, good documentation and precise invoicing are crucial. The duration of a healthcare provider's services is a crucial consideration for figuring out the right billing and payment rates. In order to avoid any fraudulent billing practices or mistakes that could result in monetary loss or legal repercussions, it is essential to confirm that the services billed correspond with the actual services provided. This information can help in resource allocation, capacity planning, and managing patient flow.

The process of starting services for active patients must be accelerated and enhanced in the context of B2C healthcare. A patient's journey within the healthcare system begins with the formation of a patient ID, which also serves as a crucial identifier for managing and tracking their healthcare-related actions. On the other hand, the beginning date of services denotes the actual start of care delivery and the provision of required treatments and interventions.

This studies were done to understand that active and completion services of the patients of home healthcare and their needs and requirement and analyze completion of services was actually done and any other reason for completed services. The provision of services may be concluded for a number of reasons, including an improvement in the patient's health, a move to a new level of care (such as outpatient treatment or a rehabilitation facility), or the achievement of the greatest possible benefit from home healthcare interventions. In some circumstances, the patient's decision or a change in their care preferences may also result in the completion of treatment. The purpose of studying the active patient status and service completion days of the patient through a management information system is to gather and analyze data that can provide insights into various aspects of patient care and a better understanding of the number of patients currently receiving care within the time frame.

In a B2C healthcare environment, the goal of this thesis is to observe patient status, especially that of active patients, and to pinpoint the time interval between the creation date of patient IDs and the creation date of services. By carrying out this observation, we hope to throw light on how effectively care delivery procedures operate and pinpoint areas that could use improvement. The creation of measures to decrease delays, better treatment commencement, and eventually improve patient satisfaction and outcomes will be influenced by an understanding of the variables causing the observed gap.

The evaluation will focus on identifying any gaps or limitations in the data captured, stored, and visualized on the platform of the organization. It aims to determine the completeness, accuracy, and reliability of the data and identify it in the data collection, entry, and reporting process. It allows healthcare organizations to monitor patients volume, identify trends and make informed decisions related to staffing, scheduling, and resource allocation, and identify

areas of improvement to ensure efficient and timely delivery of services, enhancing patients experiences and ultimately improving the overall quality and effectiveness of home healthcare services.

Home healthcare services are essential for fulfilling the healthcare requirements of people who need medical care but would prefer to receive it in the familiarity and comfort of their own homes. These services cover a broad range of medical and non-medical interventions, such as therapy sessions, skilled nursing care, help with daily living activities, and emotional support. Understanding the range of days for home healthcare services enables healthcare organizations and providers to assess resource allocation, staffing needs, and service utilization patterns. It helps identify outliers or atypical cases that may require specialized attention or additional resources.

1.1 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?

CHAPTER 2: REVIEW OF LITERATURE

SL. No.	Title	Authors/Years	Study Areas	Sample size	Silents Features
1.	The Role of Human Factors in Home Health Care: Workshop	George Demiris/2010	Washington DC	NA	Patient empowerment through access to information, choices, and involvement in the decision-making process.[1]

[1] "National Research Council (US) Committee on the Role of Human Factors. Information technology and systems in home health care. Washington, D.C., DC: National Academies Press; 2010". Available From-

https://www.ncbi.nlm.nih.gov/books/NBK210061/

2.	Hospital information technology in home care	Xiao-Ying Zhang1 and Pei-Ying Zhang2/ Published online 2016 Sep 6	China		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.[2]

[2] "Zhang X-Y, Zhang P-Y. Hospital information technology in home care. Exp Ther Med [Internet]. 2016 [cited 2023 Jun 1];12(4):2408–10" Available from- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5038446/

3.	Home-Based Critical Care and Quality of Life Outcomes	Dr. Gaurav Thukral and Dr. Samit Bisen	India	NA	1. Various patient categories, including critical patients, can be remotely monitored in their own homes thanks to medical monitoring technologies. 2. It highlights emphasis to the possible advantages of home health care, such as better patient outcomes, shorter hospital stays, and better resource management.[3]

[3] "Thukral G, Bisen S. Home-based critical care and quality of life outcomes: A review of the literature. Int J Sci Res (Raipur) [Internet]." Available from: https://www.ijsr.net/archive/v8i8/ART2020565.pdf

4.	"Missing data: the impact of what is not there."	Rolf H.H Groenwold and Olaf M Dekkers/2010	European Society	N-120	1. "Missing data reduce the precision of effect estimation"
5.	"Incomplete Medical Records – Consequences and Solutions"	Rajeev Rajagopal	USA	NA	1. "Loss Of Revenue." 2. "Entries to the medical record should be made in a timely manner." 3. "After the event to be documented by the relevant staff member".

6.	"Analysis of Home Healthcare Practice to Improve Service Quality: Case Study of Megacity Istanbul"	Daniele Giansanti	Istanbul	NA	1. "Artificial intelligence (AI) and machine learning (ML) models are widely used by researchers in the health field"
7.	"Gender differences in home care clients and admission to long-term care in Ontario, Canada: a population-based retrospective cohort study"	BMC Geriatric. 2013	Ontario	NA	"The key driver in reducing the more costly and less desirable alternatives of acute care hospital stays"

CHAPTER 3: METHODOLOGY

3.1 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?

3.2 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 creation 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.

3.3 Research 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.

3.4 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.

3.5 Duration Of The Study:

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

3.6 Study Population:

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

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.

3.7 Sampling Technique:

A random sample of patients from the organization's database is selected using a simple random sampling technique was used in which each patient in the database has an equal chance of being included in the sample collected.

3.8 Statistical Tools Of Analysis:

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

3.9 Ethical consideration:

The study adhered to the ethical guideline, ensuring the confidentially and privacy of patients data. Ethical approval and consent were taken from the organization - "Seva at Home India PVT Ltd" to use their confidential data for research purposes without hampering any of their privacy and confidentiality.

CHAPTER 4: RESULT

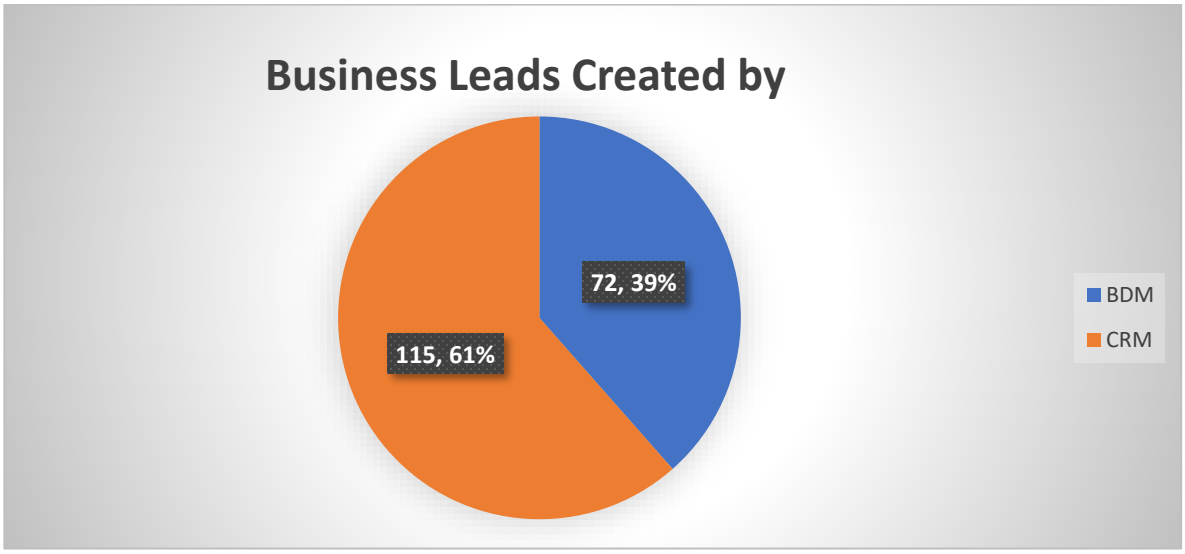

Figure1**.1** Business leads generation

The Data reveals the information regarding the person responsible for generating business leads for the company:

A business development manager (BDM) who is responsible for creating offline business generates 72 business leads which are 39 percent have created business opportunities.

A Customer relation manager (CRM) generates who is responsible for offline business 115 business leads which are 61 percent have created potential business opportunities.

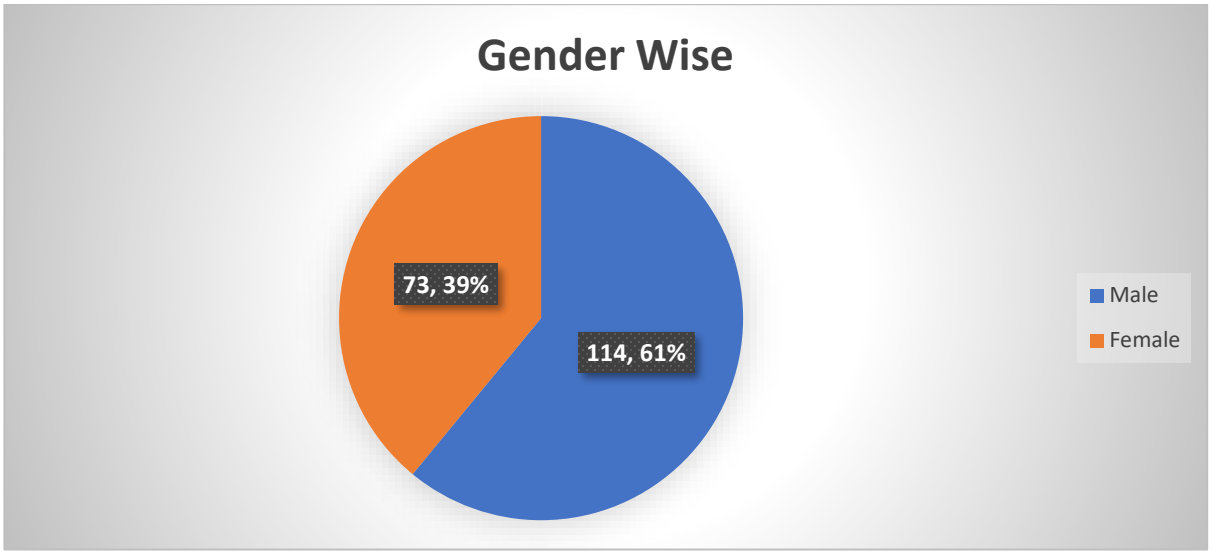

Figure 1.2: Gender-wise representation of data

The provided information presents the frequency and percentage distribution of gender in the dataset. Here is the breakdown:

Males: There are 14 cases categorized as male, which represents 61 percent of the total cases.

Female: There are 73 cases categorized as female, accounting for 39 percent of the total cases.

Total: the total number of cases in the dataset is 187, representing 100 percent of the cases.

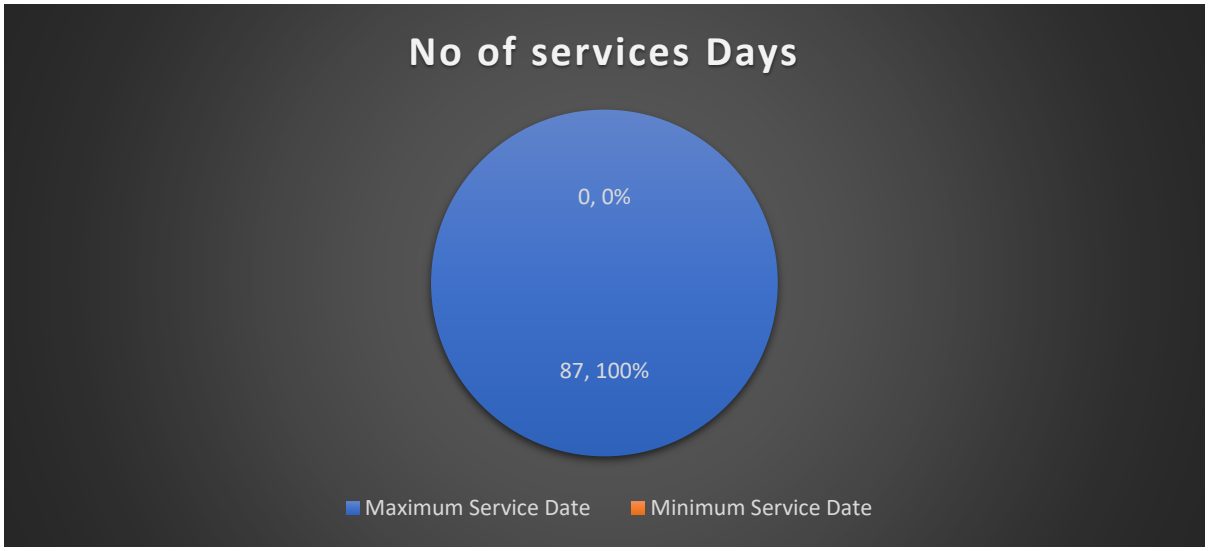

Figure 1.3 No. of Services days

Maximum: The maximum number of services provided by the organization to the customer is 87 number of day.

Minimum: The minimum number of services given by the company to the customer is 0 numbers of days.

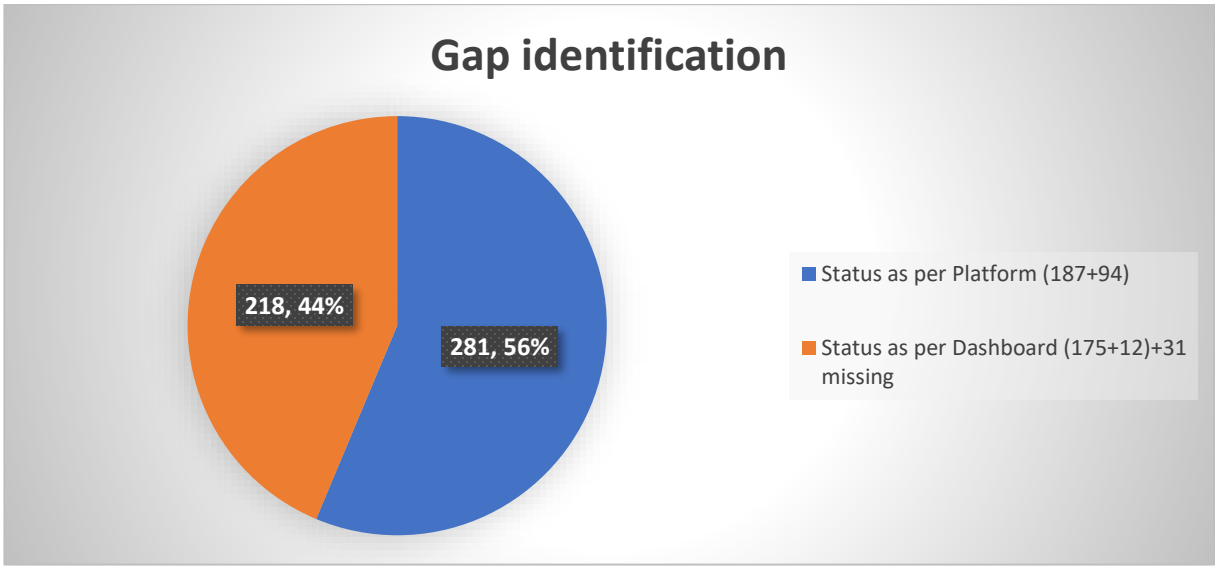

Figure 1.4 Gap identification of the Platform And Dashboard

The actual number of total patients recorded in the platform is 281 which means it includes 187 patients whose statuses are recorded on the dashboard and additionally, 94 patients whose data are not recorded on the dashboard of the company, when it started functioning in the market, which represent 56 percent.

The actual number of patients 175 which are shown in the dashboard in which 12 data are recorded after the studies done 12 patients data are recorded to the dashboard and additionally 31 patient's data are still needed to be added to the dashboard to get real data of the patients on both platforms and dashboard, which represent 44 percent only..

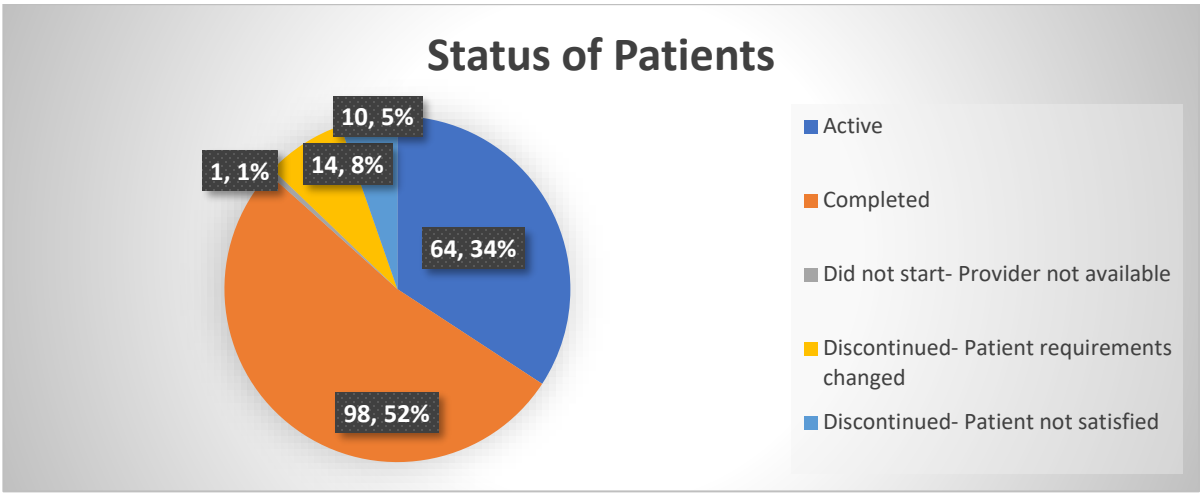

Figure 1.5 Status of the patient's data on the Dashboard

The provided information presents the frequency and percentage distribution of the status of the total 187 patients of the company. Below is the breakdown:

Active: There are 64 patients who are active, which represent 34 percent, currently engaged in continuing care and are actively receiving support and medical treatment.

Completed: There are 98 patients who have completed their services, which represent 52 percent of the total patients receiving necessary care.

Did not start- provider not available- There are only 1 patient was recorded whose services have not started, which represents 1 percent of the case due to unavailability of the healthcare providers.

Discontinue Patient requirement changed: There are 14 patients who have discontinued the services of the company, which represents 8 percent who have discontinued their home healthcare services due to changes in their requirements.

Discontinued- Patients not satisfied: There are 10 patients who have discontinued their services as they are not satisfied with the services with the service providers, which represents 5 percent of the case.

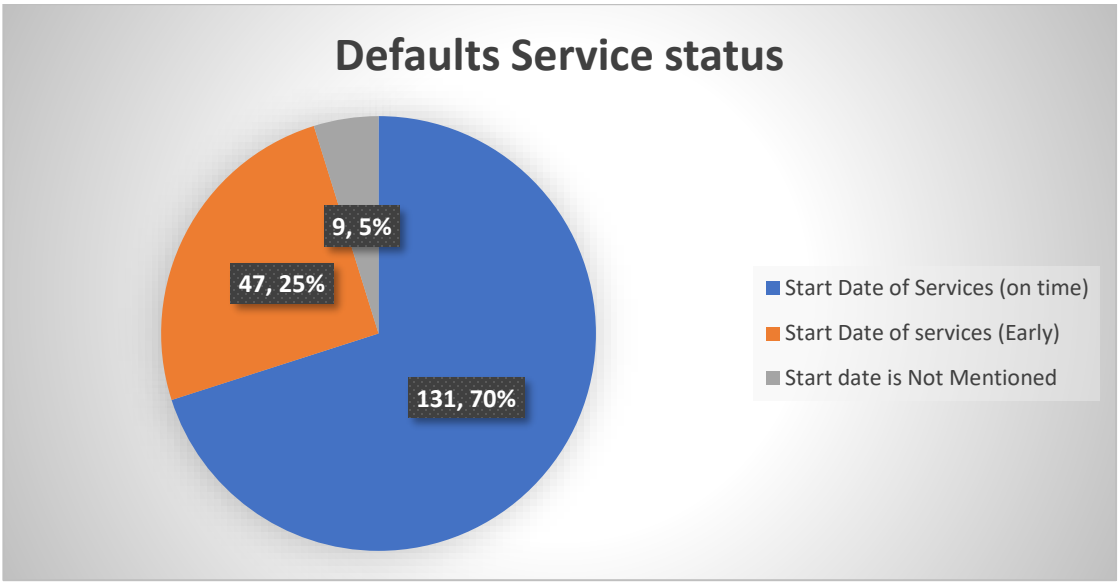

Figure 1.6 Defaults in the service's details of the patients

Start Date of services (On Time): There are 131 cases when active patient services started and are created simultaneously on the platform of the company according to the scheduled or expected date, which represents 70 percent of the cases.

Start Date of services (Early): There are 47 cases when the service of patients is active and has been started early but patient data is mentioned lately on the platform of the company, which represents 25 percent of the cases.

Start Date is Not Mentioned: There are 9 instances where a patient's record is created but the start service day is not mentioned in the platform, which represents 5 percent of the cases.

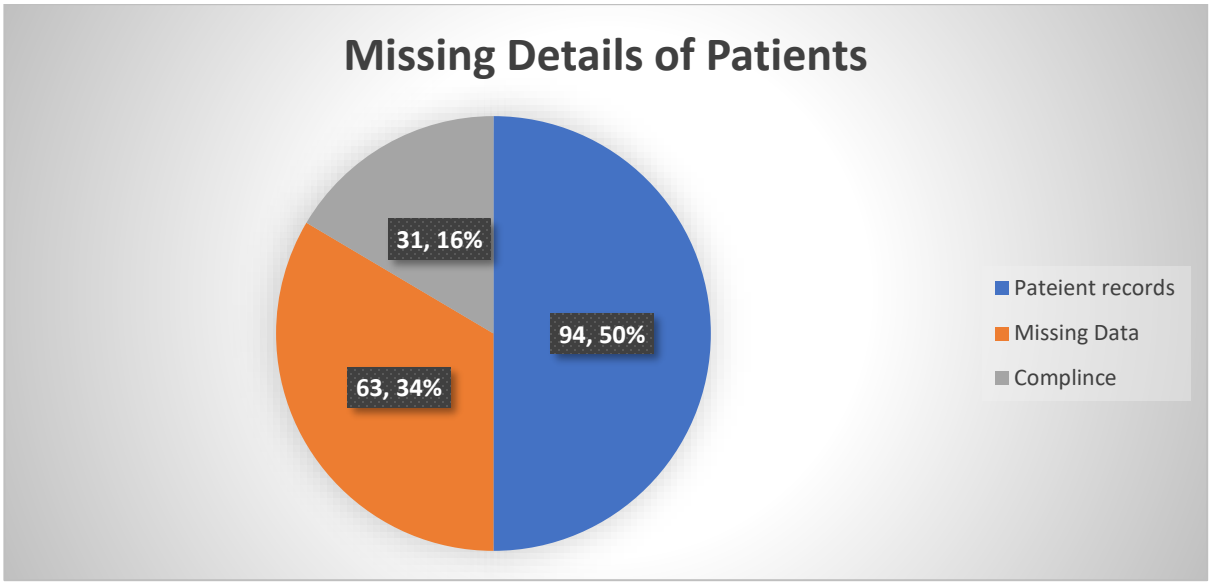

Figure 1.7 Patient Missing Records

The provided information presents the frequency distribution of the missing patient details of a total of 94 from the dashboard of the company due to initial patient contact detail. Here is the breakdown:

Missing Data: There are 63 data which still is missing from the dashboard of the company after the studies conducted in both platform and dashboard, which represents 34 percent of the cases.

Compliance: There are 31 patient data added to the dashboard of the company after finding gaps between the platform and dashboard during the studies, which represent 16 percent of the cases.

CHAPTER 5. DISCUSSION

The idea of home healthcare is highlighted, emphasising the advantages of receiving individualised treatment in the familiarity and comfort of one's own home. To enable patients to participate actively in their healthcare, the article stresses the value of educating people about self-care techniques, lifestyle changes, and illness management. Additionally, home healthcare recognises the relevance of patients' emotional health and offers companionship and emotional support. According to studies, providing quality home-based care can reduce the demand for social care, decrease the number of hospital admissions, raise survival rates, reduce readmission rates, and improve physical and mental functioning. The importance of data management and evaluation in home healthcare is also briefly discussed in the study.

The above results offer perception into various aspects of the home healthcare organization, including leads generation for the company to successfully run in the market, gender representation, services duration to the customer through the partner providers of the company, patients data on the dashboard, and the platform, actual patients status, and defaults in service details. Let’s discuss the implication of the findings:

Leads generation: Data indicate that in terms of generating business leads, the customer connection manager performed better than the business development manager. Compared to BDM (39%) efforts, CRM efforts produced a larger number of leads (61%) that generated possible business possibilities. While CRM works in an online mode where they actively track and manage customer information by capturing customer mail, BDM works in an offline mode where they contact potential clients and set up meetings to find out new opportunities through increasing the value of customers while attracting new ones. This suggests that the CRM online approach was focused on establishing relationships and capturing customer information and was more effective in generating leads compared to the offline BDM approach. But BDM is more responsible for creating business leads because they meet clients directly and convert them into sales leads easily with confirmation and CRM builds relationships with clients and regulates quality only by online mode as sometimes customer convenience easily.

Gender Representation: Males are 61 percent more likely than females to be represented in the dataset when looking at gender representation, which highlights the need for more research into how gender affects access to and use of home healthcare services, and ensuring the availability of nursing staff who can care for women and address gender and marital status differences in perception based on these issues. From above results it is critical to take into account how gender roles and population demographics are changing as the profession of home care **develops.**[1]

Service Duration: The range of services provided to the maximum number of days of 87 days but there is an instance of 0 service days of the patients were not initiated or discontinued indicating the need for further investigation into the reason behind such occurrences likewise customer dissatisfaction by the services, staff behavior toward the customer, changes in their requirement, and services provider unavailability from the partner sides**.** It can examine how the rising need for healthcare services among older persons is being caused by higher life expectancies and demographic changes, which call for alternative care options like home health **care.**[2]

Gaps in the patient Data on the dashboard: The analysis reveals that a significant number of active patient records 34 percent are missing from the dashboard of company, despite interventions to address issues of not updating initial patient's contact details in the platform as they must ensure compressive and accurate patient information, the company focuses on improving data recording and integration processes. The missing patient information can lead to challenges in providing appropriate and timely healthcare services.

Patient Status: According to patient status data on the platform, 34% of patients are actively receiving care at present, the proportion of 52% of patients have either significantly finished their medical treatments or due to other reasons as patients died, and additionally, 14% of patients stop receiving care altogether because they are dissatisfied with the services, the healthcare provider isn't available, or their needs have changed. These findings point to the necessity of ongoing patient satisfaction monitoring and the need to address other factors that influence service discontinuation.

Defaults in service-related information: According to a review of the relevant information, 70% of patient services begin on time and are concurrently entered into the company's platform according to the schedule. However, there are instances where services begin but are not recorded in the platform 25% of the time because of this the finance team is having difficulties in creating customer invoices because they neglected to record the attendance of the service providers and would not confirm whether the service providers were present or not prior to producing a bill for a vendor also because platform details are the only medium of creating an invoice. Additionally, in a small percentage of cases which is 5 percent, there is a lack of information regarding the service start date of the patient, but it is created on the platform. Sometimes it leads to medical emergencies that might possibly become accused of negligence. These results highlight the significance of timely and correct data entry to guarantee efficient patient monitoring and care coordination, and After the event, entries to the medical record should be made as soon as possible to be recorded by the pertinent staff member. Any change in the event's time should be **noted.**[3]

Patient Missing Record: Missing patient records reveals a significant number of the patient's details 67 percent are still missing from the company dashboard, However, there has been progress, with 33 percent of missing data added to the dashboard after identifying gaps. This highlights the need for continued efforts to improve data compliance and ensure a comprehensive representation of the patient's information. From Above finding researchers should talk about the mechanism for missing data and its potential effects on data processing in randomised trials or studies with a low percentage of missing **values.**[4]

Overall, these results offer useful information for the home healthcare business to address issues with lead generation, gender representation, data recording, patient status, and service details, improving data completeness, enhancing communication and coordination, and bringing quality control measures in place can help to improve patient care and organizational performance.

CHAPTER 6: CONCLUSION

Home healthcare offers people a variety of individualized medical and non-medical services in the convenience of their own homes. Studies have shown that home healthcare is successful, resulting in lower rates of falls, hospital admissions, and readmissions as well as better physical and mental functioning. Healthcare organisations are able to monitor patient volume, spot patterns, and make educated decisions for effective service delivery thanks to data management and evaluation using information systems.

Seva At Home has its own dashboard and platform to monitor and track the status and completion of home healthcare services for patients. In conclusion, the study of the home healthcare organization's findings offers important new information about a number of its operations. The analysis emphasises the necessity of strengthening lead generation tactics, addressing gender representation disparities, looking into the causes of service duration variation, ensuring complete and accurate patient data on the dashboard, and addressing information gaps and defaults related to services in Seva at home. Lead generation efforts can be improved by combining online and offline tactics, as well as good communication and collaboration between CRM and BDM. In case of continuation of services for longer duration, the finding shows that company need to understand the causes of these differences, such as patient needs changes, staff behaviour, or customer discontent, is essential for enhancing service delivery and assuring continuity of treatment. Healthcare organizations should prioritize gender equality, dispelling preconceptions, and guaranteeing that everyone has equal access to high-quality care in order to close this gap. Healthcare professionals can seek to eliminate gender gaps in home healthcare and offer equal services to all patients, regardless of gender, by promoting an inclusive and patient-centered approach, the need for improved data management and recording methods is shown by the gaps in the patient data on the dashboard and the prevalence of missing patient records of the person who brings leads sources, and lastly addressing errors in service-related data, such as verifying that service start dates and attendance are recorded promptly, the outcomes of this study can help healthcare organisations identify areas where their billing procedures and documentation

procedures may need to be improved. Organisations can improve their financial processes, lower the danger of fraudulent billing, and guarantee regulatory compliance by addressing these concerns and ensure the timely creation of invoice for customer and payment of the vendors. It is crucial for seva at home can prioritized focusing on these issues and avoiding these types of errors which can affect the business.

RECOMMENDATION:

1. Link the Seva at-home application with the platform through which the service provider marked their attendance through capacity building of the service providers.
2. Maintain both offline and online data of the service provider by the allocation team who is responsible for providing efficient provider who serve the customer.
3. 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.
4. Hire a trusted home healthcare services provider because many of the cases recorded were service provider theft in the customer's houses.
5. Grievances redressal option should be given to the services provided through one-time OTP generation.
6. Collaboration and coalition-building across sectors and with external partners.

.

ANNEXURE

Attendance Sheet:

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.

REFERENCE

[1] "Gruneir A, Forrester J, Camacho X, Gill SS, Bronskill SE. Gender differences in home care clients and admission to long-term care in Ontario, Canada: a population-based retrospective cohort study. BMC Geriatr [Internet]. 2013 [cited 2023 Jun 4];13(1):48". Available from: http://dx.doi.org/10.1186/1471-2318-13-48

[2] "İnaç RÇ, Ekmekçi İ. Analysis of home healthcare practice to improve service quality: A Case study of Megacity Istanbul. Healthcare (Basel) [Internet]. 2023;11(3):319." Available from: http://dx.doi.org/10.3390/healthcare11030319

[3] "Rajagopal R. Incomplete medical records - consequences and solutions [Internet]. Medical Transcription Company. Medical Transcription Services; 2020 [cited 2023 Jun 4]" Available from: https://www.medicaltranscriptionservicecompany.com/blog/incomplete-medical-records-consequences-and-solutions

[4] "Groenwold RHH, Dekkers OM. Missing data: the impact of what is not there. Eur J Endocrinol [Internet]. 2020 [cited 2023 Jun 4];183(4):E7–9". Available from: https://eje.bioscientifica.com/view/journals/eje/183/4/EJE-20-0732.xml