

ASSESSMENT OF HEALTH RECORD SYSTEM AT GOVERNMENT HOSPITAL

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

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Under the Supervision and Guidance of

Dr Seema Mehta

2024

DECLARATION BY STUDENT

I hereby declare that this dissertation title "Assessment of health record system at government hospital (SMS Hospital)" 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.



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CERTIFICATE

This is to certify that dissertation on **Assessment of Health Record System at Government Hospital (Sawai Man Singh Hospital)** is a record of the research. work undertaken by **Shubhangi Thakur** in partial fulfilment 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 his approach to the research study has been sincere, scientific, and analytical.



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ABSTRACT:

This study presents a comprehensive assessment of the Electronic Health Record (EHR) system implemented at a government hospital, examining viewpoints healthcare staff about the usability of the EHR interface, its integration with clinical workflows, adequacy of training provided, and perceptions regarding data security and patient privacy. Insights into the system's influence on clinical decision-making, patient safety, and care coordination are also explored.

Patient perspectives highlight access to health information, ease of communication with healthcare providers through the EHR system, perceived improvements in care quality, and concerns regarding data accuracy and transparency. The study also assesses user-friendliness from the patient's viewpoint, considering navigation, comprehension of medical information, and overall satisfaction with healthcare services facilitated by the EHR system. Methodologically, the assessment utilizes survey method and direct observations to gather qualitative and quantitative data, providing a balanced evaluation of stakeholder experiences and identifying areas for enhancement in EHR system implementation at government hospitals.

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Keywords: Healthcare Technology, Operational Efficiency, , Electronic Health Records (EHRs), Telemedicine, AI in Healthcare, Process Improvement

CHAPTER– 1 INTRODUCTION

SAWAI MAN SINGH HOSPITAL. JAIPUR RAJASTHAN

1. Background

One healthcare facility that needs to make investments in new technology and operational strategies to improve patient safety, operational effectiveness, and outcomes is Sawai Man Singh (SMS) Hospital in Jaipur, Rajasthan. By taking part in these kinds of events, the hospital may raise the bar for patient care and solidify its position as the leading example of modern healthcare.

The first step in this revolutionary process is the implementation of electronic health records, or EHRs. In order to ensure that they receive high-quality care, patients demand simple access to accurate patient data, which EHRs make possible. The first step in guaranteeing a smooth migration is to select a reliable EHR system that meets the particular requirements of SMS Hospital. Comprehensive staff training should be the next step. Strict data security laws and seamless integration with existing systems can help protect patient data and improve the standard of care overall.

Investing in the advancement of diagnostic capacities is also crucial. Current imaging technology can increase the speed and precision of hospital diagnoses. MRI, CT, and ultrasound scanners are a few instances of this technology. Automating laboratory processes can also decrease errors and turnaround times. Additionally, telemedicine technologies can increase access to specialised therapy by offering remote consultations and second opinions.

Streamlining procedures with the use of an extensive health information system (HIS) can decrease patient wait times and increase operational efficiency. When an HIS is functioning well, it simplifies the management of patient flow, scheduling, and paperwork and ensures that beds, staff, and equipment are allocated as efficiently as possible. The HIS may promote a culture of continuous improvement by using data analytics to find possibilities for advancement and performance monitoring to track performance.

Investing in Clinical Decision Support Systems (CDSS) is another essential step in enhancing patient safety. CDSS can guarantee that prescriptions are filled accurately and that medications are administered correctly by reminding patients of their crucial patient care obligations and providing cautions when required. The integration of evidence-based clinical norms and standards into the CDSS has the potential to enhance patient safety by reducing medical errors and increasing treatment results.

Ultimately, the combined investment in technology and process improvements fosters a healthcare environment where operational efficiency, patient safety, and positive outcomes are at the forefront. By leveraging the power of modern technology and continuously refining processes, healthcare organizations can deliver higher quality care, enhance patient satisfaction, and achieve better health outcomes.

Hospitals may ensure that every employee is qualified to use new machinery and procedures by encouraging staff development and training. Through possibilities for certification, simulated training, and ongoing education programmes, staff will be kept up to date on the newest technologies and best practices, which will ultimately improve patient care.

The use of robotics and minimally invasive surgical technologies may improve surgical results and hasten patient recovery. If less invasive surgical treatments are created and medical practitioners receive training, patients will have access to more accurate treatment alternatives that will reduce trauma and hasten healing. Furthermore, employing state-of-the-art monitoring equipment to maximise recuperation after surgery would enhance patient outcomes even further. Improving patient experience and participation is also crucial. Patient portals have the potential to improve treatment adherence and patient satisfaction by allowing patients to make appointments, access their medical records, and connect with healthcare providers. If patient opinions are recorded through feedback systems and instructional materials are made accessible, people can actively engage in their care.

1.1 ADVENT: CONCERNING HEALTH CARE CENTERS:-

1.1.1 How public health organisations operate

The government started a number of initiatives to offer fitness services to its people. The primary target audiences for these programmes are people with infectious diseases, DOTS participants, procreative and child fitness (RCH), and those who fall below the federal poverty level (BPL). In addition to the NRHM, the administration has set aside additional funds for the states with relatively low health and infrastructure indices. This study looks into the relationship between the national average salary for maternity leave in Rajasthan and the availability of healthier dietary options for expectant mothers. extracted on August 1, 2009, from [10]. Similarly, Rajasthan has a fairly high maternal mortality rate (63/1000 MMR), an overall birthrate (TFR 3.3), and a quantitative relationship for maternal mortality (MMR 388/100000 live births) at 12 months of 380/1000 MMR. The steps taken to resolve these issues are described in full in the country's 2010 reports, which include all statistics from healthcare facilities under government management. [11] [A story about Swastikabhavan in Jaipur, Rajasthan] that may have been used in the Indian setting, especially when it comes to medical care? There has obviously been very little research done on the administration of healthcare facilities, as evidenced by a review of the literature relevant to numerous studies on the management of patient fitness centres.

1.1.2 MEDICAL FACILITIES' STATUS IN BUSINESS: Asian Americans are not an anomaly in the expanding global medical field. Asian American corporate hospitals are changing into a new kind of facility in the healthcare industry. Because of their exceptional specialisations, these institutions are drawing in a particular kind of patient. Hospitals are in fierce competition with one another for patients' business. Ensuring the quality of foundational services is just as important as offering specialised services, often with accuracy and efficiency. Sustaining patient satisfaction is corporate hospitals' top priority when it comes to service marketing. [12] "Service Marketing" [S.M. Jha, Himalaya Publishing Firm, New Delhi, 1997]. It is evident that, in addition to opportunities like parent's physical proof and technique, advertising and 4regions no longer play a significant part in gratifying the client. These days, evaluations and training programmes focused on patron pride are gaining popularity. [13] Attorneys Clarke and Philip Kotler, "Health Care Organisations: Marketing Techniques," Novum Hall, Inc., Englewood

Cliffs..

Keeping the hands in mind:

I was a nursing scholar, thus I spent most of the time I went to various government and agency hospitals for my exams. I saw a wide range of people in the hospitals, each with their own particular health concerns. Patients who were unsuccessful often had many questions about public hospitals. Due to a lack of information and documentation, the rural populace wanders around looking for help and guidance. I felt compelled to analyse this field at the time, so I decided to share it. Based on my observations, every school faces these kinds of issues. A comparison of the medical care provided to patients in government and private hospitals in the Sawahi Madhopur District of Rajasthan is at question.

The goal of the evaluation study is to: Hospitals in Rajasthan have primarily transformed into person-centered facilities, despite the evaluation study's intensive attempts to identify answers. the challenges faced by healthcare professionals and administrators in converting conventional hospitals into trendy ones, and they offer some suggestions for improving healthcare delivery while guaranteeing patient satisfaction. The research primarily aims to achieve the following objectives: The current study aims to explore the potential and problems that Rajasthan's health services must contend with. The particular objectives of the study are listed as follows: [1] To find out more about the healthcare services offered to patients at Rajasthan's public and private hospitals. [2] Recognise that everyone in need of medical attention can obtain top-notch care. [3] To ascertain whether the individual impacted is satisfied with the services they were provided. [4] To comprehend the distinctions in service and maybe detrimental pride between government and nonprofit hospitals.

Large, well-known hospitals will not benefit from this, but certain secondary care and nursing homes would, given the lack of specialty therapies available 24 hours a day, seven days a week, resulting in significant issues for patients. Millions of people with needs and hopes live in those hospitals, and Global Fitness Corporation might be able to help them again. The patient's global fitness organisation does not appear to be able to collect the necessary information, despite the fact that those hospitals can no longer make errors. Due to clear medical complications, only a few Global Health Corporation patients sought treatment at multispecialty commercial hospitals.

The majority of these hospitals can integrate their speciality assets in a single place by employing an organisational generation facility model. The affected individual will have to travel between clusters to obtain instruction, take medication, and perform a variety of other tasks. This is because the affected person will gradually become more tolerant of transfers. Some government hospitals suffer from this disadvantage as a result of the medical center's wide geographical reach. Additional concerns: The government and scholars are considering a variety of other potentially hazardous scenarios.

1. Participation by the community.
2. How easy it is to obtain drugs.
3. Everything is ready.
4. The duration of the meeting.
5. Employee credentials.
6. Employee proficiency.
7. A reasonably affordable building plan.
8. Have fun while training patience.

1.1.3 SIGNIFICANCE: Several factors influence patient satisfaction, including:

The best hospitals include fee-for-service clinics, quick access to prescription medications, prompt responses from physicians and other medical staff, patient comfort (both physically and psychologically), and priority care for sick patients. The bought supplier reports less satisfaction. Thus, soliciting patient feedback may aid public health services in better understanding the general population's needs and preferences. This survey will help us validate the demographics of regular clinic visitors, as well as whether they are satisfied with their care and would choose to visit a private rather than a public hospital. Rajasthan is a significant Asian country in terms of

population density, senior financial well-being, and regional demographics. Most people cannot afford to use expensive exercise facilities. The analysis's goal is to improve control by carrying out its recommendations and results. We can use this assessment to see if patients are satisfied with the current products available when they return to the hospital. We will identify the market's key service hubs, which include government and commercial hospitals, as well as technology and research institutes. Nonetheless, challenges can be overcome in ways that benefit the parents' quality of life.

1.1.4 HEALTH CENTRE TYPES REQUIRED:

1) Medical facility: The primary insurance for medical treatment, together with public donations for sick offenders. A hospital is a medical facility that treats patients with the assistance of specialists and emergency department staff. Typically, there is a cutting-edge medical centre nearby, complete with large mattresses for patient comfort. Specialty hospitals include trauma centres, long-term care facilities for the elderly, and outpatient clinics. It comprises pursuing specific scientific objectives while also addressing specific medical issues. The construction of clinical specialty hospitals and specialised hospitals for certain sick groups would facilitate education and nursing professions. "Health centre" refers to a smaller medical facility than an institution. Some hospitals feature patient rooms, while others have equipment for ongoing treatment. The pharmacy and radiography departments have merged their support sections. Hospital payments are frequently handled by public health care organisations, which can be for-profit or nonprofit and get funding from direct charity contributions, coverage groups, charities, and other sources. Historically, religious groups established and sponsored the vast majority of North American hospitals, promoting generous donations. Hospitals are constantly seeking qualified physicians and nurses. Typically, these representations were created in the past while adhering to the ideals of the original ideas.

1.a Fitness facilities include clinics, medical offices, as well as ambulatory and surgical press centres. Nursing, dental, and other care services are commonly accessible in clinics, urgent care centres, fitness facilities, physician offices, and ambulant surgical treatment centres. Medical homes are residential establishments that provide geriatric care. Rectangular-shaped health care establishments include hospitals, assisted living homes, residential treatment centres,

and widely scattered care facilities. These are facilities where patients can stay and receive complete therapeutic care, whether temporarily or permanently. Because of their specialised nature, pharmacies are no longer permitted to treat hospital patients suffering from a variety of medical conditions. As an alternative, businesses might go digital and recruit pharmacy technicians alongside pharmacists to help with patient care.

2. The standard of care provided by government hospitals in Rajasthan is significantly higher than that of organisation hospitals in terms of scientific laboratory and medication evaluation, health affected person biology, haematology, medical, natural chemistry, immunology, serology, histology, cytology, genetics, and virology, as well as basic evaluation, conducted evaluation, medicinal drug, scientific trials, and analysis facilities. Important article medical laboratories and clinical laboratories are divided into specialised departments such as biology, haematology, scientific, natural chemistry, immunology, serology, cytology, histology, genetics, and medical field of expertise following examinations of organic specimens to obtain current information about an affected person's fitness.

In many foreign nations, the majority of medical specimens are processed by two distinct types of laboratories. A hospital lab is established to undertake patient examinations. General practitioners submit samples to private and networked laboratories. Insurance businesses provide healthcare organisations with square degrees of assessment chances. A medical analysis centre is an organisation that undertakes basic or applied research to support the statistical framework used in medicine. The two main types of scientific analysis are alternative analysis, which promotes the development of the most recent treatments, and general lessons evaluated of recent treatments for every safety, if observable in what is known as a rectangular degree; the latter is known as prognosis evaluation if the goal is particularly complex. These technologies enhance accuracy, provide real-time data for timely interventions, and support minimally invasive procedures that reduce recovery times and complications.

Electronic health records (EHRs) have revolutionized the management of patient information, providing a centralized and accessible database for healthcare providers. EHRs improve clinical decision-making by ensuring that accurate and up-to-date patient information is available at all

times. This not only enhances the quality of care but also reduces the likelihood of errors and duplication of tests, thereby improving operational efficiency and patient outcomes.

Additionally, they can alert healthcare providers to potential drug interactions, further enhancing patient safety.

Advanced patient monitoring systems provide continuous tracking of vital signs and other critical parameters, enabling early detection of potential issues and timely interventions. These systems are particularly beneficial in intensive care units and for managing chronic conditions, where close monitoring is essential for patient safety and effective care.

Robotic-assisted surgery offers greater precision and control, reducing the risk of complications and improving patient outcomes. Robots can perform minimally invasive procedures with higher accuracy than traditional methods, leading to shorter hospital stays, faster recovery times, and fewer post-operative complications.

Process improvements such as lean management and Six Sigma methodologies are essential for optimizing workflows and enhancing operational efficiency in healthcare. Lean management focuses on eliminating waste and optimizing processes to deliver value to patients, while Six Sigma aims to reduce variability and defects in care delivery. By implementing these methodologies, healthcare organizations can achieve higher efficiency, better patient satisfaction, and improved clinical outcomes.

Successful implementations of technology and process improvements in healthcare provide valuable insights and best practices for other organizations. Case studies of hospitals that have adopted EHRs, telemedicine, AI, and robotic surgery demonstrate the potential benefits and challenges of these innovations. These examples highlight the importance of stakeholder engagement, continuous training, and iterative improvement in achieving successful outcomes.

Despite the significant potential benefits, there are challenges and barriers to investing in technology and process improvements in healthcare. Financial constraints can limit the ability of smaller organizations to invest in new technologies. Resistance to change from healthcare providers and staff can also hinder the adoption of new systems and processes. Additionally,

regulatory and compliance issues add complexity to the implementation of new technologies, requiring careful navigation to ensure compliance with various laws and regulations.

Looking to the future, emerging technologies such as blockchain, virtual reality, and advanced genomics hold great promise for further enhancing operational efficiency, patient safety, and outcomes. These technologies offer new ways to secure patient data, simulate medical procedures, and personalize treatments based on genetic information. Staying abreast of these developments and evaluating their potential applications in healthcare will be crucial for organizations aiming to stay ahead in an increasingly competitive and technologically advanced landscape.

In conclusion, investing in technology and processes is essential for enhancing operational efficiency, patient safety, and outcomes in healthcare. By embracing innovation and continuous improvement, healthcare organizations can deliver better care while optimizing resources. The future of healthcare is bright, with numerous opportunities for leveraging technology and process improvements to transform care delivery. By focusing on patient-centered care and fostering a culture of innovation, healthcare organizations can achieve significant gains in efficiency, safety, and outcomes, ultimately improving the quality of care for all patients.

1.2 Statement of the hassle: - "An evaluation of centres in government and agency Hospitals for Care of patients in Rajasthan: troubles and prospects".

2. Health Apps in Rajasthan, India: 2.1 Hospital Recognition. The desire to improve one's physical appearance is unquestionably central to public discourse in the Republic of India, and healthcare decisions have far-reaching consequences for the entire Indian community. Despite the fact that the dynamic may appear frightening, the Republic of India is accustomed to tolerating and growing in challenging circumstances. The Republic of India has the potential to disrupt the existing healthcare system by focusing on satisfying the country's fitness care needs. To make this promise a reality, the Republic of India may need to raise awareness about various critical issues.

These problems may not only affect the quality and accessibility of fitness care, but they may also aid in the improvement of the system's essential qualities. The challenge is gaining access to medical facilities. It could be temporary or permanent. This is an essential issue for a country that wants to improve its international reputation. The topic of universal fitness care access is critical for the country's electorate, and discussing and debating fundamental fitness care packages that should be provided to any or all electorates is an important dialogue for society to engage in. India is the world's second most populous country, accounting for approximately one-sixth of the worldwide population.

The misperception stems from the fact that 70% of the Indian population lives in semi-urban or rural areas with little access to healthcare. However, the most significant categories are exercise and healthcare. Personal health care games have also had a significant impact on the rise of fitness care solutions, which appear to be more evenly distributed in major cities.

Background of project:

The healthcare industry is under increasing pressure to improve the quality of care while managing costs and resources effectively. Technological advancements and process improvements are essential strategies to address these challenges. Implementing tools such as Electronic Health Records (EHRs), Telemedicine, and AI-driven diagnostic systems can streamline workflows, reduce errors, and improve patient management, contributing to better healthcare delivery. The following advantages are reported in literature when EHR is implemented successfully-

1. Enhance operational efficiency by implementing advanced healthcare technologies and streamlining processes.
2. Improve patient safety through robust systems and standardized protocols.
3. Elevate patient outcomes by utilizing data analytics and evidence-based practices.
4. Expand access to care via telemedicine and other remote healthcare technologies.

CHAPTER– 2 LITERATURE REVIEW

Author(s) Year Findings

S.NO	AUTHOR	TITLE	FINDINGS
1.	Aarts, J., & Berg, M.	2004	Explored the impact of EHRs on healthcare professional practices and workflows, highlighting changes in communication and decision-making.
2.	Buntin, M. B., et al.	2011	Assessed the effect of EHR adoption on healthcare quality, efficiency, and patient safety in various healthcare settings.
3.	Campbell, E. M., et al.	2009	Examined factors influencing the success or failure of EHR implementation in hospitals and healthcare organizations.
4.	DesRoches, C. M., et al.	2008	Investigated physician satisfaction with EHR systems and identified factors contributing to user acceptance and resistance.
5.	Devine, E. B., et al.	2010	Reviewed the impact of

			EHRs on medication safety and identified opportunities for improvement in medication management.
6.	Furukawa, M. F., et al.	2011	Analyzed the relationship between EHR adoption and healthcare costs, including initial investment and long-term savings.
7.	Greenhalgh, T., et al.	2009	Conducted a systematic review of EHR implementation strategies and their effectiveness in diverse healthcare settings.
8.	Jha, A. K., et al.	2009	Investigated the association between EHR adoption and healthcare quality indicators, such as

			adherence to clinical guidelines.
9.	Menachemi, N., & Collum, T.	2011	Explored the impact of EHRs on healthcare provider satisfaction, focusing on usability and user experience.
10.	Miller, R. H., & Sim, I.	2004	Reviewed the challenges and opportunities of integrating clinical decision support systems with EHRs to improve patient care.
11.	Poissant, L., et al.	2005	Examined the impact of EHRs on healthcare outcomes and patient safety, including the reduction of medical errors and adverse events.
12.	Sittig, D. F., & Singh, H.	2010	Explored the role of EHRs in improving diagnostic accuracy and

			reducing diagnostic errors in clinical practice.
13.	Terry, A. L., et al.	2009	Investigated the influence of EHRs on communication and collaboration among healthcare providers within interdisciplinary teams.
14.	Wright, A., et al.	2011	Reviewed the usability challenges of EHR systems and proposed strategies to enhance system design and user experience.
15.	Adler-Milstein, J., et al.	2013	Examined the impact of EHR adoption on healthcare efficiency and productivity, including workflow changes and operational improvements.
16.	Blumenthal, D., &	2010	Discussed the policy

	Tavener, M.		implications of EHR adoption, including financial incentives and regulatory requirements for healthcare providers.
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CHAPTER - 3 RESEARCH QUESTION

Based on literature review the following research question I have addressed in my study-

- How user-friendly Electronic Health Record system from the perspective of different staff members (Administrative personnel, IT staff and Patients)?

CHAPTER - 4 OBJECTIVES

1. To analyse the healthcare staff perceptive towards EHR system with respect to-

1.1 Managing patient health record system with reduction of wait time.

1.2 CPOE system (reduction in delivering the medication.

1.3 Accuracy of Patient records maintained by the system.

1.4 Perceive the security measures in protecting the patient data.

2. To study the patients, view point about the usefulness of implementing EHR from patients with respect to -

2.1 Navigating the health record system.

2.2 Flow of the healthcare services received by the patient.

CHAPTER - 5 MATERIAL AND METHODS

5.1 Study Design:-

The research was of a cross-sectional design, aiming to procure a clear, complete, and accurate description of the situation. Descriptive research design was a type of research design that aimed to obtain information to systematically describe a phenomenon, situation, or population. More specifically, it helped answer the what, when, where, and how questions regarding the research problem, rather than the why.

5.2 Settings:

- The study is conducted at a government hospital (Sawai Man Singh Hospital), encompassing various departments including emergency, outpatient, inpatient, radiology, laboratory, and administrative offices.

5.3 Sample Size:

The aggregate elementary units in the survey were referred to as the population. The study was based only on the opinion of employees of SMS Hospital. The total number of samples taken for the study was 50 respondents using convenience sampling.

5.4 Data Collection:

Secondary Data: The secondary data relating to the study were collected from books, journals, research articles, reports, newspapers, and websites.

Primary Data: Primary data was the data collected from the respondent for the first time. For collection of primary data, a well-structured questionnaire was framed based on objectives.

5.5 Data Analysis: Calculated measures of central tendency to summarize the data.

Software Tools-**Microsoft Excel** organizing data, creating charts, and performing basic statistical analysis.

5.6 Ethical Considerations- Informed Consent was taken to ensure that all participants voluntarily agreed to take part in the study with a full understanding of the research process and their rights. Further, it was ensured that their data was handled securely and anonymously.

CHAPTER - 6 RESULTS

According to overall study on Assessment of Health Record System at Government Hospital. Here are some assessments were done during my internship period.

1. EHR IT Staff -

1.1 Rating of the ease of navigating the health record system?

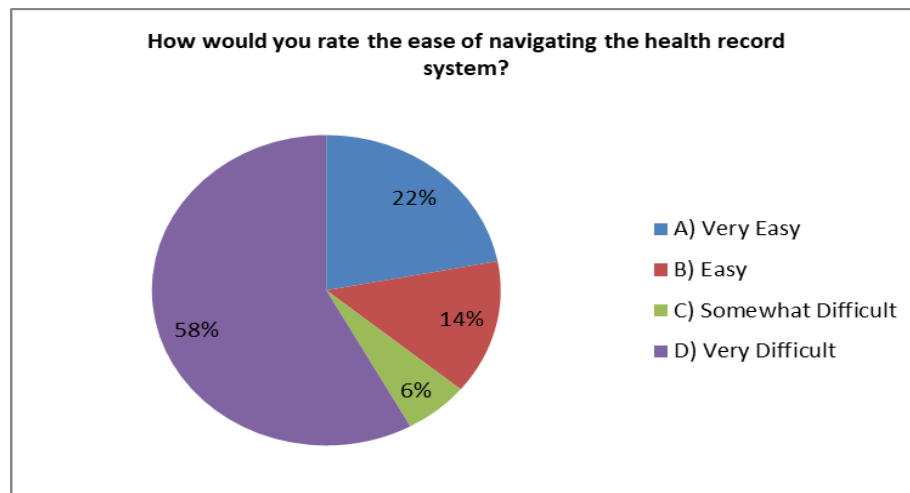


Figure 1: Rating of navigating the health record system

According to the figure 1, 58% of users reported finding the system very difficult to use, while 22% found it very easy. The remaining users indicated that the system was either somewhat difficult or easy to use.

1.2 The accuracy of patient records maintained by the system?

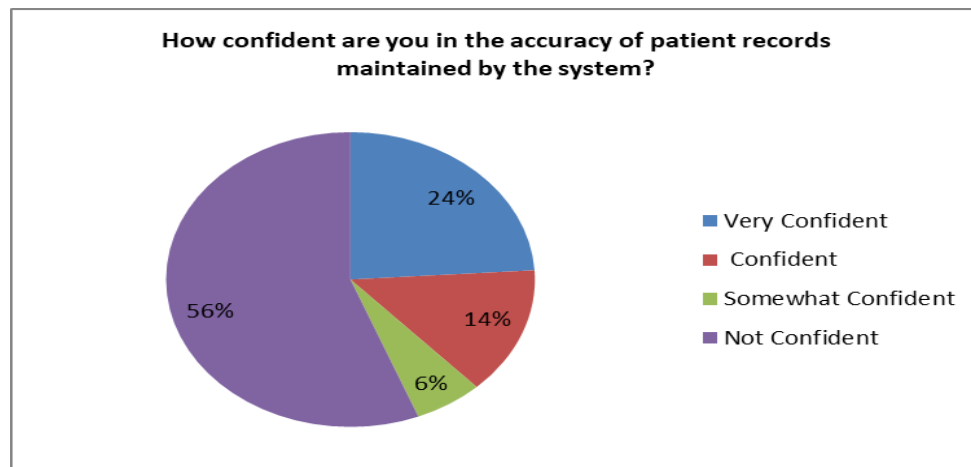


Figure 2: Accuracy of patient record maintained by the system

According to the figure 2, 56% of users reported finding the system that they are not confident to use the system, while 24% were very confident to maintained the patient records. The remaining users indicated that the they are somewhat confident.

1.3 Perceive the security measures in place to protect patient data?

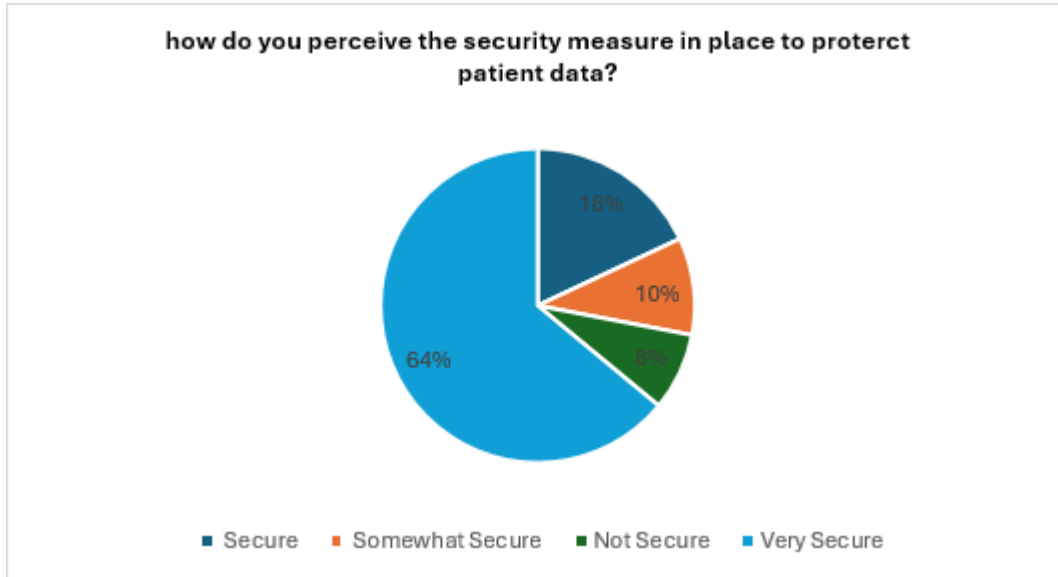


Figure 3: Security measure in place to protect patient data

In figure 3, Overall the chart indicates the security measure in place to protect patient data, with 82% of patient data are secure, very secure . However 18% patient data are not secure and somewhat secure.

2. Patient Perspective -

2.1 Improvements that they suggest to reduce waiting times and enhance efficiency.

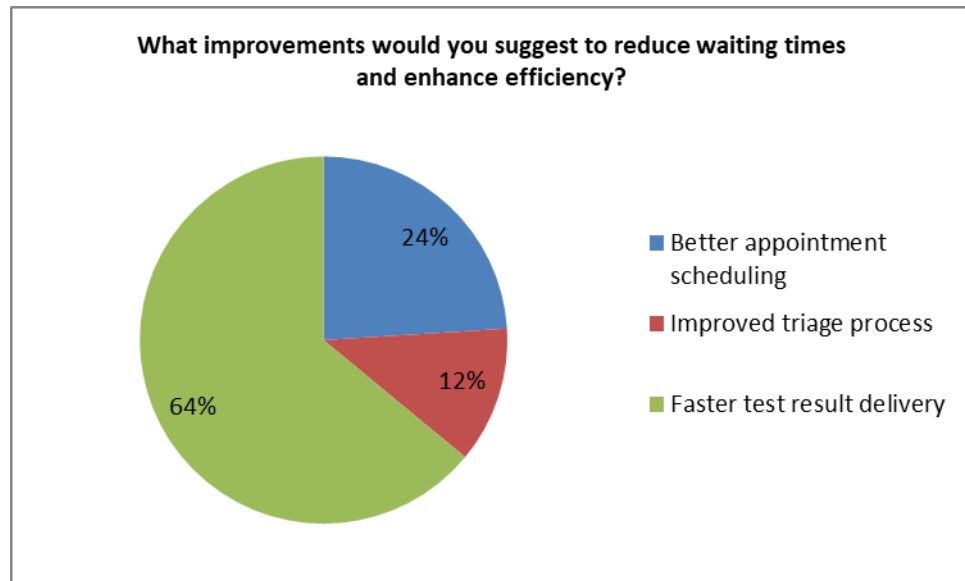


Figure 4: Suggestions to reduce waiting times and enhance efficiency

In figure 4, 64% of users has suggested that faster test result delivery will reduce wait time and enhance efficiency, 24% patients suggested that there should be a better appointment scheduling, while 12% advocated for enhancements in the triage process.

2.2 On a scale of 1 to 5 rating of the overall organization and flow of the healthcare services you received same day .

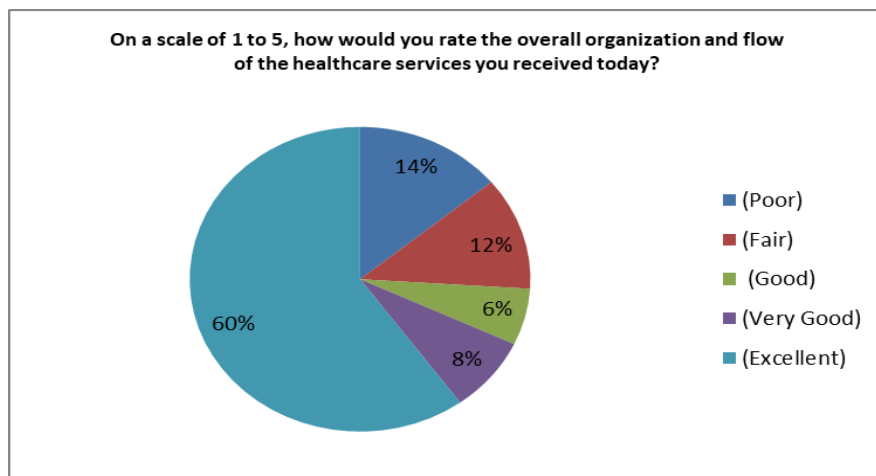


Figure 5: Rating of overall organization and flow of the healthcare services.

In figure 5, Overall the chart indicates the high level of satisfaction with the healthcare services among most respondents, with 74% giving rating of good, very good or excellent. However 26% who rated the services as fair or poor.

CHAPTER-7 CONCLUSION

The EHR system at the government hospital (Sawai Man Singh Hospital) revealed key areas for improvement. While 58% of users found the system very difficult to use and 56% lacked confidence in using it, there were specific suggestions for enhancements. Users emphasized the need for faster test result delivery to reduce wait times (64%), better appointment scheduling (24%), and improvements in the triage process (12%). Despite these challenges, overall satisfaction with healthcare services was high, with 74% of respondents rating the services positively. Security measures were also largely seen as effective, with 82% of respondents feeling their data was secure. Addressing usability and operational efficiency issues will be essential to further enhance user satisfaction and system effectiveness.

CHAPTER-8 DISCUSSION

The Sawai Man Singh (SMS) Hospital in Jaipur, Rajasthan, has witnessed significant improvements in operational efficiency as a result of its investment in technology and processes. These improvements have enabled the hospital to provide higher-quality care at lower costs while also improving the entire patient experience.

Policy Implication

System Integration:

- **Policy Recommendation:** Promote policies that encourage the integration of the health record system with other hospital systems (e.g., laboratory, radiology) to streamline workflows.
- **Implication:** Better system integration can lead to more efficient data management and improved patient outcomes.

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QUESTIONNAIRE:

1. How satisfied are you with the waiting times at our hospital/clinic?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied

2. Have you experienced any delays in receiving medical attention during your visit?

- Never
- Rarely
- Sometimes
- Often

2. What improvements would you suggest to reduce waiting times and enhance efficiency?

- Better appointment scheduling
- Improved triage process
- Faster test result delivery
- Other (please specify)

3. On a scale of 1 to 5, how would you rate the overall organization and flow of the healthcare services you received today?

- 1 (Poor)
- 2 (Fair)
- 3 (Good)
- 4 (Very Good)
- 5 (Excellent)

☐ **System Usability:**

• How would you rate the ease of navigating the health record system?

- A) Very Easy
- B) Easy
- C) Somewhat Difficult
- D) Very Difficult

☐ **Data Accuracy:**

- How confident are you in the accuracy of patient records maintained by the system?
 - A) Very Confident
 - B) Confident
 - C) Somewhat Confident
 - D) Not Confident

☐ **Security Measures:**

- How do you perceive the security measures in place to protect patient data?
 - A) Very Secure
 - B) Secure
 - C) Somewhat Secure
 - D) Not Secure