A STUDY ON RECORDS MANAGEMENT PRACTICES IN HOSPITAL SECTOR

By

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'Dissertation is submitted in the partial fulfilment of the requirements of the degree.'

MBA Hospital and Health Management

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Dissertation Submitted to

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for the partial fulfilment for the award of the

degree of Master of Business Administration

(MBA)

in

Hospital and Health Management

by

Dr. Poorvi Bangar

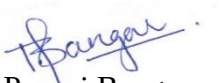
Under the Supervision and Guidance of

Dr. Nutan P. Jain

2022

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "STUDY ON RECORDS MANAGEMENT PRACTICES IN HOSPITAL SECTOR" 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Dr. Poorvi Bangar

CERTIFICATE

This is to certify that dissertation titled "STUDY ON RECORDS MANAGEMENT PRACTICES IN HOSPITAL SECTOR" is a record of the research work undertaken by Dr. Poorvi Bangar 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
IIHMR University, Jaipur
Date

School Dean
IIHMR University, Jaipur
Date

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This dissertation has helped me provide both reading and viewing information for the day-to-day management of the hospital. I have had the privilege of communicating with their support and patience.

I would like to thank **Mr. Sumit Bhasin (VP-HR)** for giving me the opportunity to do my research at Eye Q Vision Pvt. Ltd. Hisar, Haryana.

I would like to extend my sincere thanks to my mentor **Mr. Sonu Chhachia (City Manager, Operations)** for his constant support, timely direction and kept me motivated throughout the time at Eye Q Vision Pvt. Ltd. Hisar.

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I am thankful to my colleagues and friends who encouraged and helped me in making the report.

Content:

Acronyms:

EHR …… Electronic Health Record

EMR ……... Electronic Medical Record

ERMS …… Electronic Records Management System

IPD…….. In Patient Department

LTD……. Limited

OPD…… Out Patient Department

PRE……. Patient Relation Executive

PVT……..Private

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1. About the Organization- "Eye Q Vision Pvt. Ltd."

EYE-Q's specialist doctors have more than a decade of experience in treating patients and are trained internationally giving them an edge. They have successfully treated 50+ lakhs patients in a span of 14+ years. The hospitals are rated among the best in India having 37 eye care hospitals across 25 cities. The high success rate can be attributed to the experienced and trained eye doctors (ophthalmologists) who have extensive experience and skills in performing surgeries with precision and without any complications. It provides both qualitative and affordable healthcare across India. It is an ISO 9001-2000 registered organization.

"VISION: To be India's foremost chain of eye hospital in terms of both quality of eye care and the number of patients handled." https://www.eyeqindia.com/

"MISSION: To make every patient an ambassador for Eye Q through combination of:

- Highest level of quality and technology in eye care.
- Exceptional personal care.
- Complete integrity to the patient and his/her needs." https://www.eyeqindia.com/

"VALUES:

- Be honest and open in my communication and do what I say I will do.
- I accept our individual and team responsibility and meet my commitments each and every time.
- Our clinical and non clinical team is supportive of each other's efforts and care for each other.
- Give care, compassion and respect to patients and colleagues as I expect for myself.
- Will make conscious effort to contribute in creating a social impact.
- Will embrace and drive positive change.
- I will feel proud of Eye Q." https://www.eyeqindia.com/

About Eye Q Hospital Hisar

It is one of the hub centers of Eye Q hospital comprising of comprehensive eye check up, cataract surgery (Phaco, MICS, Femto), retina clinic, glaucoma clinic, lasik clinic, cornea transplantation, squint surgery, oculoplasty, opticals and pharmacy. Everyday the patients in OPD reaches upto 150+ and on an average 250-300 surgeries are planned every month. There are 45 staff members including PRE, IPD/OPD billing executives, PCA (Patient Care Assistant), pharmacist, optometrist, optical assistant, counsellors, senior manager, OT staff, housekeeping staff and Doctors (Ophthalmologists). The target given for the center in May 2022 was 90 lakhs and achievement was 80 lakhs and in the month of June the target was Rs.1,20,000 and it was achieved in first 15 days of the month which is well appreciated. Every year the center shows the growth of 20-22%. The staff members are given uniforms as pink represents non- clinical staff and blue represents clinical staff. All staff members are polite and well mannered.

2. Dissertation

A STUDY ON RECORDS MANAGEMENT PRACTICE IN HOSPITAL SECTOR

2.1) Abstract:

Background and objective: An electronic medical record system is a computer health information system in which providers record detailed contact information such as patient census, meeting summaries, medical history, allergies, intolerance, and laboratory history. Some EMRs support planning, payment, reporting, order placement, outcome management, and decision support. This study aims to explore the importance and application, impacts, and constraints of the electronic medical record system in maintaining the quality of hospital health services at Eye Q Vision Pvt. Ltd. Hisar.

Methodology: Purposive sampling technique was adopted to perform the study. A total of 30 individuals responded to the electronic questionnaire that was distributed through online social networking platforms during June 2022.

Result: Participatory research shows that the hospital staffs are more in favour of ERMS than the manual record management (97%). Maximum population that is 77% people didn't faced any difficulty while using ERMS and the most common obstacle which 37% of the surveyed staff thinks is that the navigation in the software is very complex and at the same point time consuming. About 60% of the staff believes that ERMS will be beneficial in future perspective.

Conclusion: The development of an electronic records management system is found to help effectively and efficiently access, retrieve patient records and allow for easier information between health service organizations and healthcare professionals.

Keywords: Electronic Medical Record, Electronic Record Management System, Manual record system

2.2) INTRODUCTION:

Record management has always been an important asset of the hospital. An accredited hospital or health care organization has not been able to function effectively and efficiently without Record Management. In addition, records management practice is an important management practice that helps hospitals or other health care organizations establish and analyze their business operations and linked practices.

Therefore, records management is an important part of institutional processes. For the well-known purpose of the organization, past and present, hospitals manage records to meet the legal requirements for their operation and to protect the rights of shareholders. Each country has a set of rules that apply to the production of records in a productive way, which provides for the disposal of records, and to improve records management system in government. Although not all records are equally useful, they are all records that must be properly treated in accordance with national law. The first task of records management is to help staff manage records more efficiently. That involves helping employees to become familiar with how to organize documents so that only those who need them can access and see which records are important and useful to use.

Records management, which has gained credibility as a responsible way of managing records and records within hospitals around the world, has endured a growing challenge in many developing countries due to the lack of effective data management systems in both public and private hospitals. Although the International Standards of Business Records (ISO 15489) emphasizes the need for improved records management as an effective way for countries and organizations to fulfil their responsibilities and meet the expectations of their stakeholders. Record abuse has created serious barriers in many areas for both the public and private sectors. This does not include immediate payment and service procedures, review of government services and organizational programs, strengthening financial management and the national legal and regulatory framework. Without a record management, monitoring and evaluation policy, quality control, and verification cannot continue as a clean record lays the foundation for all of this, which in turn facilitates legal and accountable governance. This has resulted in the loss of vital information at both organizational and national levels, having a negative impact on the memory of the national group which is crucial in ensuring sustainable economic development.

Importance of Record management in Hospitals

Health facilities take care of the health and well-being of their patients. Quality of health care depends on well-trained doctors and nurses in well-equipped facilities and equipment. High quality health care also depends on adequate record keeping. Without accurate, complete and available patient notes, medical staff may not provide the best treatment or may even treat the illness with serious side effects, which can have serious consequences. Specified records, such as X-rays, samples, drug records and patient registers, should also be carefully monitored to determine whether the patient will be protected.

Satisfactory record keeping also ensures that hospital management operates smoothly: unnecessary records are regularly transferred or deleted; keeping storage facilities clean and present; and important records can be accessed quickly, saving time and resources. Records also provide information about the hospital's accountability for its actions and form the primary source of medical research data, statistical literature and health information systems. Patient records are required daily to report information about patient information, instructions and diagnoses that should be considered for follow-up patients. The written information is

eventually used to verify patient health records during current and future consultations. The amount of records downloaded and provided for this purpose specifies the patient waiting period for services. Proper completion of a patient's medical records facilitates easy access and ensures a patient's waiting time in the hospital and ensures continuous care. Therefore, it is very important that medical records are always protected in the interests of both the physician and the patient. Medical files should always be kept at the clinic when the patient appreciates the right to information.

2.3) LITERATURE REVIEW:

Table 1 “literature review”

S.NO.	AUTHOR	YEAR	TITLE	OBJECTIVE	METHODOLOGY	MAIN FINDINGS
1	“Davies Mubanga Shacele Kasapato Twaambo Ng’andu Tinamwai Daka Nanyanga Maimbo http://lis.unza.zm/archive/handle/123456789/70	2018	Effectiveness of record management in enhancing service	To investigate the effectiveness of record management in enhancing service delivery in the School of Education. A case study of the University of Zambia	Targeted sampling was applied to staff and sample categories were used for students and data were collected using a questionnaire and an interview guide. The total number of studies was 110 and the response rate was 100%. Mathematical software and Ms Excel are used to analyze quantitative data while quality data is analyzed using manual analysis related to theme analysis.	Records that are important for the performance of any organization in any category can be a current record, a record and a non-current record that brings the importance of records management.”
2	“Sima Ajami and Razieh Arab-Chadegani https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3804410/	2013	Barriers to implement Electronic Health Records (EHRs)	To express the main barriers to implement EHRs.	In this study, more than 43 articles were collected and 32 of them were selected based on their relevance.	In addition to the potential benefits of electronic health records, the use of this barrier technology, most of which are; cost limits, technical limitations, suspension restrictions, attitude-behavior barriers to individual behavior, and organizational boundaries. Numerous studies show that the most important

						thing is to limit the use of EHR to withstand change."
2	"Mohamed Khalifa MD https://www.sciencedirect.com/science/article/pii/S1877050913008375	2013	Barriers to Health Information Systems and Electronic Medical Records Implementation. A Field Study of Saudi Arabian Hospitals	To identify, classify, and analyze barriers identified by various health professionals in the adoption of EMRs in order to provide recommendations for effective actions and options.	The study used a questionnaire to collect data from a random sample of healthcare professionals from two major Saudi hospitals, one private and one public, with 158 eligible respondents participating in the study equally in both hospital categories.	Human barriers and financial constraints are two major categories of obstacles and challenges in the way of successful implementation of EMRs."
3	"Carrie Anna McGinn, Sonya Grenier, Julie Duplantie, Nicola Shaw, Claude Sicotte, Luc Mathieu, Yvan Leduc, France Légaré & Marie-Pierre Gagnon https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-9-46	2011	Comparison of user groups' perspectives of barriers and facilitators to implementing electronic health records: a systematic review	To integrate current barrier information with facilitators influencing the shared implementation of EHR among its various users.	Covering the period from 1999 to 2009, literature research was conducted on nine electronic databases. Studies were included when reporting on perceived barriers for users and promoters in the shared use of EHR, in Canadian-based health care settings. Lessons for all languages with a research study design are included. Four groups of targeted EHR users: physicians, other health professionals, administrators, and patients / the community. Content analysis was performed independently by two authors using a certified output grid with pre-set categories of barriers and facilitators for each EHR user group.	The most common acquisition features common to all user groups were design and technical concerns, ease of use, collaboration, privacy and security, cost, productivity, familiarity and competence with EHR, motivation to use EHR, patient and professional health communication, and lack of time and work. Each group of users also identified specific aspects of their work and individual priorities."

4	“D. A. Ludwick1,2 and John Doucette1,3 https://www.hindawi.com/journals/ijta/2009/853524/	2009	Primary Care Physicians' Experience with Electronic Medical Records: Barriers to Implementation in a Fee-for-Service Environment.	To assess the importance and impact of risks in the use of health systems and study the effects of HIT diagnosis in primary care.	This research project used random one-hour interviews to obtain information from physicians on primary care selection, use, and use of the EMR system. Selected physicians are selected from our local primary care network, of which 47 are members.	Computer skills, the complexity of EMR communication, and the facilities of the testing room have influenced the experience of meeting physicians. Despite their rigorous testing, we are concerned that doctors do not have enough computer skills to take notes and navigate through EMR while listening to a patient when they meet.”

2.4) Methodology

Research question:

What is the importance, implications, and barriers of ERMS in maintaining the quality of health services at the hospital at 'Eye Q Vision Pvt. Ltd., Hisar, Haryana'?

Objectives:

• To review literature, goals and guidelines related to electronic Record Management System at Eye Q.

•To describe and study the current record management practices in Eye Q hospital

• To learn the relationship between record keeping quality and service delivery

•To study the difference between manual record management and electronic record management.

Study area: Eye Q Vision Pvt. Ltd. Hisar, Haryana

Study Respondents: Doctors (5), Optometrists (7), pharmacist (4), nurses (3), executives (11).

Study design: Observational cross-sectional survey

Sampling and sample size: All Respondents were from the records management unit and health records holders and used statistical records daily. The purpose of the sample was accepted for the study between April-June 2022 and the full number of the respondents were only 30.

Data collection methods and tools: The study methods include survey and observation. Questionnaire was administered to the respondents who were directly related to record management. A checklist was used for observation.

Data analysis: Data is entered in MS Excel and data is analyzed and summarized in the forms of tables and graphs. The average and percentages are calculated.

Ethics related issues: All records management staff and other health professionals have been

informed of the study and approval has been obtained from them. All employees included in this study have the right to withdraw from the study at any time without any consequences to them.

RESULTS

Goals of Electronic Record Management System:

- Develop interaction and where necessary clarify specific exchange rates and word values to establish a way forward for semantic interaction.
- Support evolution and timely maintenance of acceptable standards
- Improve technology.
- Encourage participation and acceptance by all vendors and stakeholders
- Keep operating costs as low as possible
- Consider best practices, information, policies and frameworks
- To the extent possible, apply modular and independent standards.

As per the hospital guidelines, following are the key points:

- Verify user authentication and authorization
- Support privacy and security
- Get advanced search, integrate, and streamline operations to ensure duplicate resolutions are firmly resolved
- Support the latest / latest patient health records.
- Create a medical / clinical summary based on available records from initial to current / recent visits
- Especially able to support fast data capture-storage-retrieval-data display.

Current records management practices in Eye Q hospital:

After Sept. 2013, Electronic Medical Record management system named, Eye Tech. software was launched by eye Q at every centers and currently the same software is being used with updation on software on regular intervals. Prior to this, Manual Record keeping

was practiced. When surveyed it was found that around 97% people are using eyetech software out of which 77% participants finds no difficulty while using it. Training along with assessments of the staff members takes place monthly or in case any new upgradation has been launched in the Eye Tech software.

Profile of the Respondents:

Out of 30 staff members more than half of the participants (67%) were between the ages of 25-35, while people 36-45 years of age made up only 20%, and only 13% of people meet the age group's age 46-55 and older. The smallest age group was 46- 55 years and above whereas maximum range of age group was 25-35 years, and the mean age was found to be 35 years.

Fig. 1: Percent distribution of respondents by their age (n=30)

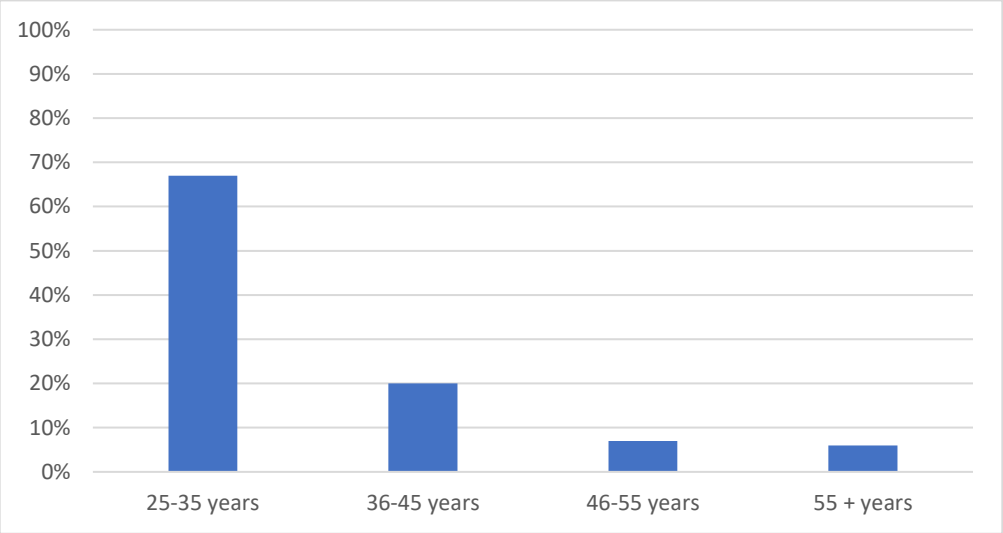


Table 2: Percent distribution of respondents by their designation:

Designation	**Number of respondents**	**Percentage**
Executive	11	37
Optometrist	7	23
Doctor	5	17
Pharmacist	4	13
Nurse	3	10

As shown in Table 2, 37% were executive staff (including managers, PRE, Data IPD billing staff, OPD billing staff), 23% were optometrist, 17% were doctors, 13% were pharmacist while the other participants that is 10% were nurses.

Fig. 2: Number of the respondents by their working experience at Eye Q (n=30)

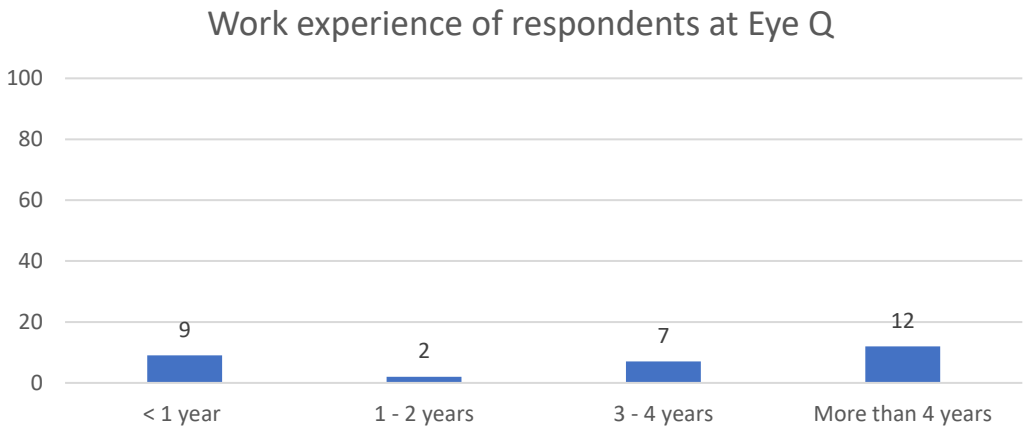
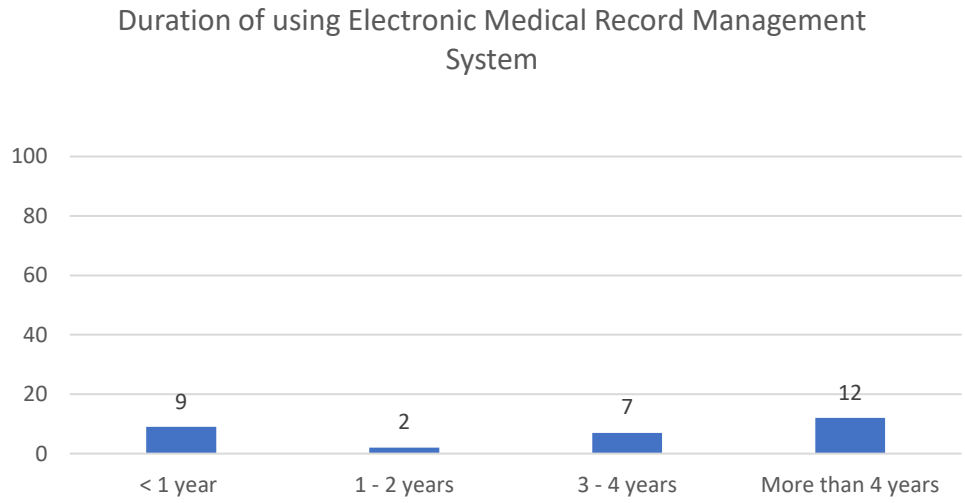


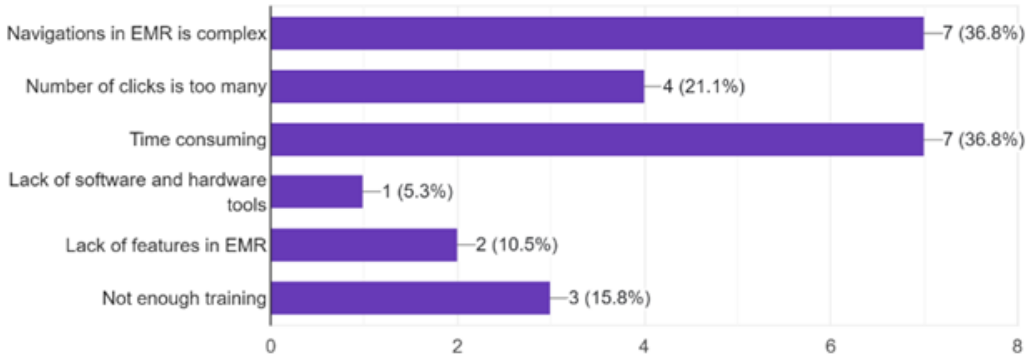
Fig. 3: Number of respondents by duration for which they have been using Electronic Medical Record Management System (n=29)



The majority of participants (48%) are present in hospital for more than 4 years. The study

also revealed that participants who have worked for Eye Q for more than 4 years have used both a records management system and an electronic system. The results revealed that EMR management system is used in Eye Q hospital and about 97% people have been using it on the daily basis at the hospital.

Fig.4: Percent distribution of respondents who faced difficulties by its type (n=19)



By using a multiple-choice question surveying about challenges faced by the respondents, it was found that maximum population that is 77% respondents didn't faced any difficulty while using EMR system while 23% staff faced some difficulties while using EMR system. The most common problem experienced that resulted in delay of work was navigations were found to be complex in the EMR system, time consuming with too many clicks. For above graph mentioned multiple response questions, may add up to more than 100 %.

Table 3: Percentage distribution of respondents who reported about facing difficulties by its frequency (n= 30)

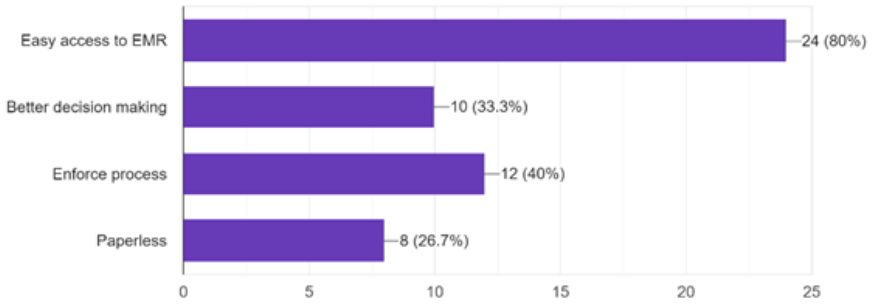
How many times user faced difficulties	**% of respondents**
<= once in a day	14
Once in 7 days	33
Once in 30 days	27
Once in 365 days	27

The survey revealed that the staff members (33%) face difficulties while using EMR system once in a week, 27 % people face difficulty once in a year or in a month and very few about 13% staff face problems once or more in a day which is negligible

Percentage distribution of respondents facing demotivation after using ERMS:

Among the staff members surveyed, 47 % were positive that they didn't feel discouraged while facing difficulties while 37 % people sometimes feel discouraged, 10 % staff members rarely feel discouraged while very few gets discouraged everytime.

Fig. 5: Percent distribution of respondents reporting enabling factors for using ERMS (n=30):

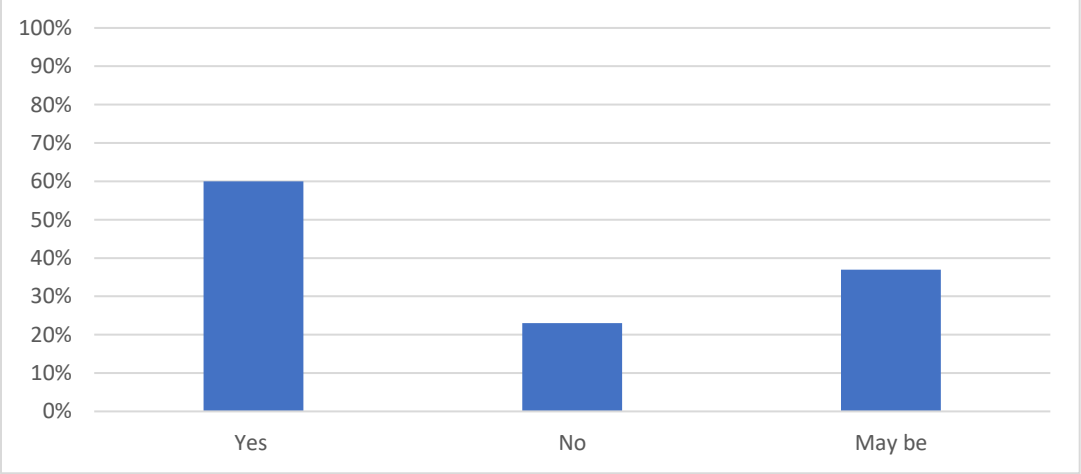


With the help of a multiple choice question it was revealed that respondents in this study believes that factors that has a profound effect on the use of the Electronic Record Management system are that they have easy access to patient EMR and 40% believe it mandates a process that helps to easily understand patient information and provides a structured view of collecting and analyzing patient information. Out of the remaining participants 33 % are happy with EMR system as it is better in decision making and rest 27% are happy with this paperless technology. Along with this 97 % staff believes that paperless technology has significant benefits. For above graph mentioned multiple response question, may add up more than 100 %.

Relationship between record keeping and quality of delivery of service:

"Records management ensures that records are reliable, usable, accessible and long-lasting as required, compiling records in every possible way. service delivery as a multidisciplinary interaction related to the magnitude of efficiency, quality assurance, compliance, dissemination of staff information and flexibility that adds significant meaning to users. characterized by quality, equity, timeliness and a strong code of ethics". In the study about 97% people believes that quality of record keeping benefits the hospital by providing better quality services to the patients by keeping their data confidential, safe and secure with long term validation.

Fig. 6: Percent distribution of respondents by their perception on usefulness of EMRS in hospital (n=30)



Out of staff members surveyed 60 % participants are confident in saying that the use of EMR system in the hospital will have advantages in future while 37% are not sure regarding the same.

Difference between manual record management and electronic record management.

At Eye Q both type of record management practices takes place. Out of staff members surveyed 97 % participants believes that EMR system is best in maintaining confidentiality of

patient medical information and is more secure that manual record system as it is username and password protected. On the other hand it is easily trackable and patients record can be searched in a more hustle free manner and hence saving time contributing in providing quality of service as it is more clearer, presentable and accurate than manual records.

With manual records before Eye tech was launched, hospitals, require the records to be stored in a fire-proof room. By doing this, it can be assured that the manual records are protected at all costs but many documents found to be in a deteriorating condition while retrieving it. When downloading manuscript records, it is important that any records kept inside the room are accessed with a key, which should be used to lock the cabinet when employees leave the office (even if temporarily)

When collecting electronic records, hospital authorities must first verify that they are the authorized part of the record. In this study 97% of the general population agrees with the use of ERMS rather than a manual records management system and 60% of them believe it will benefit the community in the future.

2.6) CONCLUSION:

This study including Doctors, Optometrists, pharmacist, nurses, executives have evaluated importance, implications, and barriers of electronic record management system. All participants indicated that despite the challenges of using the EHR system, they prefer to use the Electronic Record Management system rather than a paper-based record system as they say it is worth the time, effort and investment. Although on the other side they think it is time consuming as the navigation in the software is too complex with so many clicks. In general, though there are challenges with EHR use, most staff members were satisfied while using it. The study also found out that users feel that quality of service delivery in terms od patient care and security has been improved with the outline of EHR system.

2.7) RECOMMENDATIONS:

- Trainings should be provided to the staff members including clinical practitioners at 15 days interval so they can more efficiently use the EYE tech software.
- Navigation complexities can be made simpler by making it a single window process in order to reduce the difficulties while using it and save time.
- Staff members should be motivated always towards work even when they are facing difficulties.

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ANNEXURE:

1) Age:
    - 25 - 35 years
    - 36 - 45 years
    - 46 - 55 years
    - 55 years
2) What is your profession?
    - Doctor
    - Optometrist
    - Nurse
    - Pharmacist
    - Executive
3) How long have you worked in Eye Q?
    - <6 months
    - 1 - 2 years
    - 3- 4 years
    - 4 years
4) Currently, what type of Record management system is used in Eye Q ?
    - Manual
    - Electronic
5) Have you used EMR?
    - Yes
    - No
6) If yes, how long have you been using Electronic Medical Record Management System?
    - <1 year
    - 1 - 2 years
    - 3- 4 years
    - 4 years
7) Did you faced any challenge while capturing data in Electronic Medical Record Management System?

- Yes
- No.

8) If so, what type of difficulties did you encounter while recording the data on the Electronic Medical Record Management System?
   - Navigation is complex
   - Too many clicks
   - Time consuming
   - Lack of software and hardware
   - Lack of features.
   - Adequate training
9) How many times you faced such challenges while capturing data in Electronic Medical Record Management System?
   - <= once in a day
   - Once in 7 days
   - Once in 30 days
   - Once in 365 days
10) Does these challenges discourage you from using Electronic Medical Record Management System?
   - Always
   - Sometimes
   - Rarely
   - Never
11) What are the influencing factors for using Electronic Medical Record Management System?
   - Easy access to EMR
   - Better decision making
   - Enforce process
   - Paperless
12) Do you think paperless technology has significant benefits in using?
   - Yes
   - No
13) Does EMR maintain confidentiality of patient medical information?

- Yes
- No

14) Which one is better process for keeping patient medical records safely, easily trackable and providing quality of service?
    - Manual record management
    - Electronic record management
15) Do you think quality of keeping patient medical record benefits in hospital service delivery?
    - Yes
    - No
16) Do you think the use of ERMS in the hospital will have advantages in future?
    - Yes
    - No
    - May be