NHM Gujarat: Understanding SRS under Medical Service Department

SRS Introduction, Vision & Aim

Introduction

An initiative by the government of Gujarat for leveraging digital technology to improve the referral process between Healthcare Facilities in the state. It is a huge step towards ensuring patient-centred care, as envisioned in the National Health Policy 2017& state's Quality of Care Strategy 2023.

Aim

To enhance the quality of care provided to patients by enabling healthcare providers to easily refer patients to specialists or higher-level facilities when necessary.

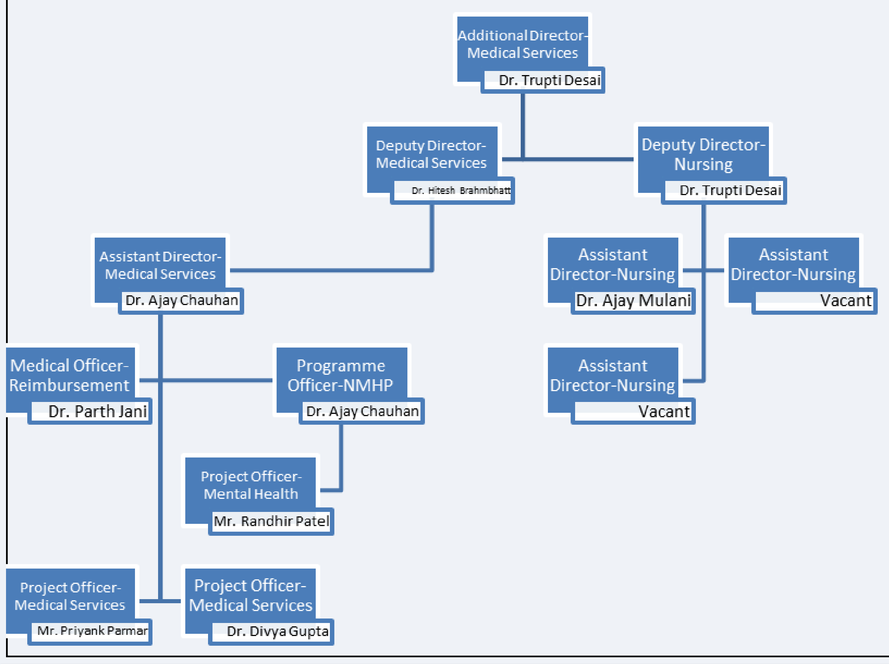
Vision

To establish a robust patient-centric referral system for ensuring optimal care for high-risk pregnant women,
sick newborns, and accidental cases
for reducing the MMR, IMR and deaths arising due to trauma..

Objectives

1. To eliminate unnecessary delays and ensure timely access to specialised care by avoiding inappropriate facilities.
2. To facilitate effective communication and coordination among healthcare providers and specialists to provide timely and quality care to patients
3. To establish a seamless flow of information between healthcare providers, ensuring easy accessibility of patient records and medical history throughout the referral process.
4. To reduce the need for patient-initiated referrals to higher levels of care.

Organisation Structure



Swot Analysis of SRS

Strengths

- Referral facility information.
- Real time information on specialists and logistics
- linkages with ambulance service
- improved coordination and efficiency in patient referals
- enhanced patient care and reduced waiting times.
- better utilization of specialist resources.
- monitoring and management of emergency cases
- real-time alert at the receiving hospital and deshboard display.

Weakness

- Live tracking is absent due to poor GPS connection
- All ambulances don't include GPS
- Inability to refer to multiple doctors simultaneously due to missing selection options.
- Delay in updating data by facilities
- Absence of regular data follow-up mechanisms by higher authorities from healthcare facilities.
- Lack of visibility for operators regarding the last update time of other facilities.

Oppertunities

- Integration with ABHA & EHR Linking SRS with Ayushman Bharat Health Account (ABHA) and Electronic Health Records (EHR) can ensure seamless patient data sharing across facilities.

Threats

- Failure to regularly update patient data can lead to delayed treatment, misinformed decisions, and increased risks to patient health.
- Without live tracking and GPS, real-time monitoring and emergency response are compromised, putting patient safety at risk.

Learning and Value Addition

Difference between practical exposure at the SIP organisation and theoretical understanding from the IIHMR University

IIHMR-U	MS department
• Helped us attain a theoretical understanding of a program's aim, usefulness, target, and beneficiaries.	•Made us understand the details and logistics of program planning, implementation, and monitoring. •Provided an opportunity to understand the problems and gaps encountered

Challenges

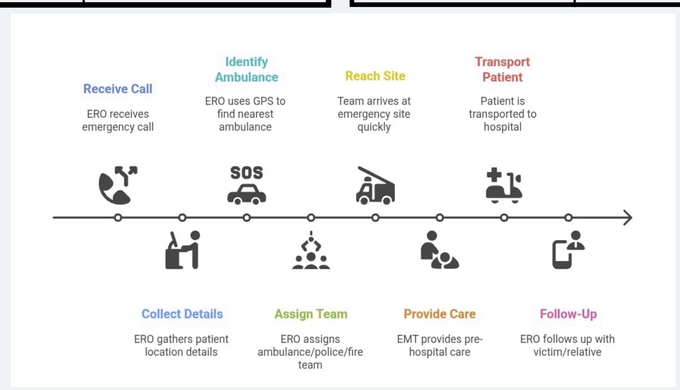
Difficulty in communicating due to a lack of understanding of the local language

Usefullness

- Provided a practical experience related to the functioning of an organization.
- Provided an opportunity to gain hands on experience in program implementation and evaluation.

Learnings

- PPP model working process
- Data analysis
- Portal monitoring.
- Triage System
- Data representation
- Emergency management
- Communication Skills
- Use of technology

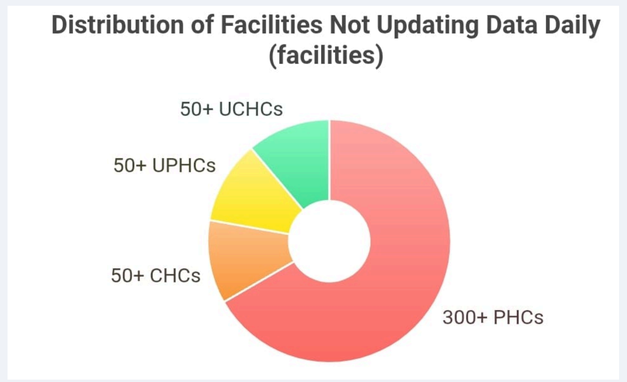


Tows Analysis of SRS

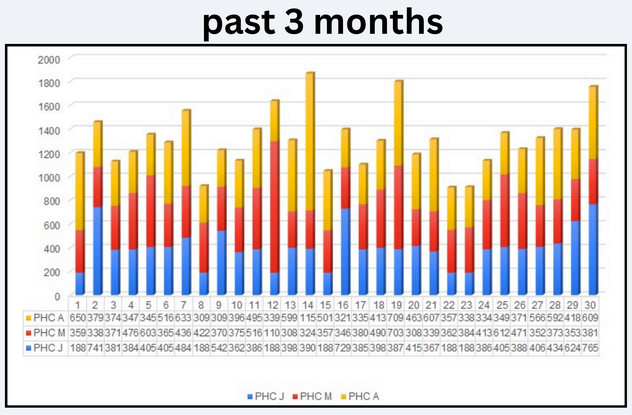
	Strengths	Weakness
Oppertunities	• Enhance patient care and resource utilisation through seamless ABHA/EHR data integration with existing referral and logistics information. • Improve coordination and efficiency in patient referrals by integrating ABHA/EHR data to provide comprehensive, real-time specialist information.	• Utilise ABHA/EHR integration to establish robust, real-time data update mechanisms and improve operator visibility. • Leverage ABHA/EHR integration to overcome the inability to refer to multiple doctors simultaneously.
Threats	• Utilise real-time alerts and dashboard displays to compensate for the lack of live tracking in emergencies, partially, ensuring preparedness. • Leverage existing coordination and efficiency in patient referrals to mitigate the impact of delayed data on treatment decisions.	• Prioritise immediate investment in GPS and live tracking for all ambulances to counter patient safety risks directly. • Implement stringent data governance policies and regular follow-up mechanisms to prevent delayed treatment and misinformed decisions.

Suggestions

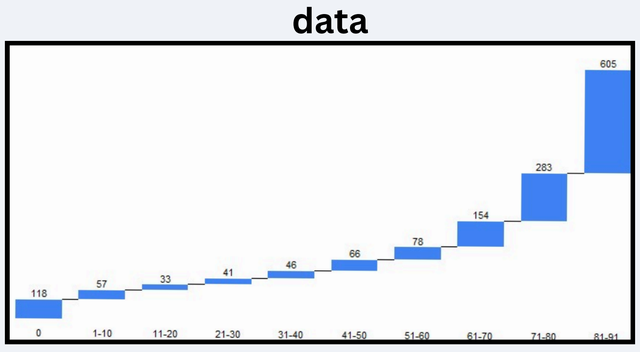
- We can send a reminder to each facility twice a day for updating data, just like when a patient arrives at a facility, we send 3 SMS.
- We can add a column in a referral form for the "Last Updated Date and Time" while referring to any facility? This would help the operator easily check when the data was last updated. If needed, they can contact the concerned facility directly to confirm whether essential services like doctors, tests, or specific machines are currently available before referring a patient.
- Introduce performance-based incentives, rewards, recognition or a letter of appreciation from the government for timely data updates; this will motivate them, and other facilities will be inspired too.
- Establish data coordinators at the district and CHC levels to ensure regular follow-up and support, with a mandate to submit a weekly report to the NHM Medical Services Department listing the facilities that have not updated their data, along with the specific reasons for non-updating.

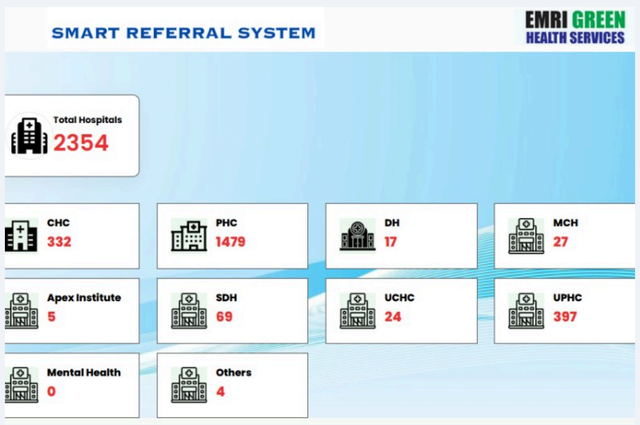


PHCs with zero data updates over past 3 months



No. of days PHCs failed to update data





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