

JESRT

[ICMTEST] IC[™] Value: 3.00 ISSN: 2277-9655 Impact Factor: 4.116 CODEN: IJESS7

INTERNATIONAL JOURNAL OF ENGINEERING SCIENCES & RESEARCH TECHNOLOGY

ROLE OF INFORMATION TECHNOLOGY IN HEALTHCARE SYSTEM MANAGEMENT: A CRITICAL STUDY WITH SPECIAL REFERENCE TO NAGPUR DISTRICT

Priti S. Korde^{*1} & Shweta S. Gulhane²

^{*1}Department of Business Management, RTMNU, Nagpur- 440001, India ²Prerna College of Commerce, Reshim Bagh, Nagpur- 440024, India

ABSTRACT

There is a vast area which needs to work out the existing problem. The various healthcare sectors such as Hospitals, Private clinics, retail pharmacy shops, pathology labs and/or research institutes in the Nagpur District Jurisdiction will be taken up for the present study. Various areas of day-to-day working of these sectors if integrated through the information technology may improvise the services to patients/public.

KEYWORDS: Information technology, healthcare system, management.

I. INTRODUCTION

Traditionally lagging other industries, health care facilities such as hospitals are finally starting to catch up in computer use. For decades, computers were relegated to back-office administrative functions in hospitals, or as peripheral PCs to high-end imaging and radiology systems. Along came pressure from government regulations such as patient privacy and insurance portability (HIPAA) and Medicare/Medicaid information systems, along with advances in technology like medical billing systems and telemedicine. The biggest and more recent catalyst from the government and the health care industry is wider use of Electronic Medical Records (EMR) – digital versions of patients' charts, and Electronic Health Records (EHR) – sharing of patients' health records between medical facilities. Although customized health care software remains expensive, licensing flexibility and cloud-based approaches have made it affordable, and the cost of PCs has decreased significantly. As a result, hospitals of all sizes, from rural areas to large metropolitan centers, have gradually increased their computer use. They have done this to reduce costs, to be compliant with government regulations, and provide better care to their patients overall.

Hospitals today are bringing computers closer to the health care professionals and closer to the patients in order to increase efficiency, but also increase accuracy. Computers are often wall-mounted or deployed at all nurses' stations within a hospital in order to ensure that patients' charts are more easily accessible and updated more accurately. Computers may also be mounted on medical carts with secure medication dispensing systems that ensure that patients receive the right medications at the right time, every time – reducing the chance of error and increasing patient safety. These same computers mounted on carts can be used to interact with the patients at their bedside, displaying lab and radiological results, and engaging patients in private real-time discussions with their doctors regarding their diagnosis and treatment.

Other areas within the hospital are increasing their computer use as well. Laboratory facilities and radiological departments use PCs to conduct tests, but also enter results into patients' medical records. Doctors may collaborate with other specialists and colleagues outside the hospital using telemedicine – a computer-based communication and data sharing system. Administrative departments, medical billing departments and the reception desk or information center all use PCs to keep the hospital running. Going forward, every department within a hospital facility will be using computers, with software that ties everything into one system within the hospital and external to the hospital: collaborators, insurance providers, laboratories, testing facilities, and patients themselves¹.



[ICMTEST]

ICTM Value: 3.00

ISSN: 2277-9655 Impact Factor: 4.116 CODEN: IJESS7

II. RESEARCH METHODOLOGY

The researcher has adopted analytical, descriptive and comparative methodology for this report; reliance has been placed on books, journals, newspapers and online databases and on the views of writers in the discipline of Competition law.

- To study the Life and Prices of IT Instruments used by Healthcare Centers
- To understand the satisfaction level of the patients on the instruments used for testing and the results of the test.

Life and Prices of IT Instruments

Price of the equipment's /instruments determines the quality and the durability or life of the equipment's or instruments. Table no. 1 shows the Life & Prices of IT Instruments used by Healthcare Centers. Data in the table no. 1 reveals that life of the instruments used by the healthcare centers in Nagpur city was in between 3 to 10 years. Most of the instruments' life was for 5 years and the life of very few instruments like CCTV Cameras and Colour X-ray was for little longer period i.e for 10 years.

Sr. No	Name of Instruments	Price (Rs.)	Life
1	Computer / Printer	40000	5 yrs
2	CCTV Cameras	1,50,000	10 yrs
3	Line up Mixer	1,00,000	3 yrs
4	Color X-ray	12,00,000	10 yrs
5	Sonography Machine	40,00,000	5 yrs
6	CT Scan	1,25,00,000	5 yrs
7	Pathology Related Instruments	1,80,000	5 yrs
8	Other Instruments	5,00,00,000	5 yrs

 Table 1. Life and Prices of IT Instruments used by Healthcare Centers

From the data in the table 1, it is also seen that healthcare centers in Nagpur city generally have Instruments related pathology, radiology, scan and DTP work namely Computer / Printer, CCTV Cameras, Line up Mixer, Color X-ray, Sonography Machine, CT scan, and Pathology Related Instruments.

From the observations on the data in table no.1 it can be concluded that healthcare centers in Nagpur city generally use instruments related to pathology, radiology, scan and DTP work and most of these instrument have life of 5 years.

Satisfaction on Instrument and Satisfaction with Result of Test

Technical specifications of the instruments used for testing and investigations play an important role in an accuracy of the results of the test. In the table no. 2 researchers has tried to understand the satisfaction level of the patients on the instruments used for testing and the results of the test. With the help of data in table no. 2 researchers has tried to establish relationship between satisfaction level of the patients on instruments used for testing and satisfaction on the results.



[ICMTEST] IC[™] Value: 3.00

Table 2. Satisfaction on Instrument and Satisfaction with Result of Test						
IT	Satisfaction	Satisfa	ction With			
Instrument/	Level on		Result	Total	Chi-Square	
Tests	Instrument	Yes	No			
		1	0	1		
	Fully Satisfied	100.	0.0%	100.0		
FSH		0%		%	Chi Square= 0.402 ; df= 1; Asym.	
_ ~ ~		4	17	59	Sig. 0.526	
	Partly Satisfied	2	20.0	100.0		
	5	/1.2	28.8	100.0		
		<u>%</u>	%	<u>%</u>		
	Fully	100.0	0	100.0		
	Satisfied	100.0	0.0%	100.0	Chi Square 0.402 df $1 \cdot \Lambda$ sym	
LH		/0	17	59	Sig 0.526	
	Partly	71.2	28.8	100.0	515. 0.320	
	Satisfied	%	%	%		
		2	0	2		
	Fully	100.0		100.0		
	Satisfied	%	0.0%	%	Chi Square= 0.818 ; df= 1; Asym.	
Beta HCG	D (1	41	17	58	Sig. 0.366	
	Partly	70.7	29.3	100.0		
	Satisfied	%	%	%		
	Eully	1	0	1		
	Satisfied	100.0	0.0%	100.0		
Ploralicity	Batisfied	%	0.070	%	Chi Square= 0.402; df= 1; Asym.	
Thoranchy	Partly Satisfied	42	17	59	Sig. 0.526	
		71.2	28.8	100.0		
		%	%	%		
	Fully	16	4	20		
	Satisfied	80.0	20.0	100.0		
		<u>%</u>	<u>%</u>	<u>%</u>		
Unine Test	Partly	20	22.2	100.0	Chi Square= 1.560; df= 2; Asym.	
Unite Test	Satisfied	% 00.7	33.3 %	100.0	Sig. 0.459	
		1	0	/0		
	Not Satisfied	100.0	0	100.0		
	1 (of Suising	%	0.0%	%		
		1	0	1		
	Fully	100.0	0.000	100.0		
	Satisfied	%	0.0%	%	Chi Square= 0.402 ; df= 1; Asym.	
Inyrola lest	Doutly	42	17	59	Sig. 0.526	
	Partly	71.2	28.8	100.0	_	
	Satisfieu	%	%	%		
	Fully	1	0	1		
	Satisfied	100.0	0.	100.0		
	Sutisfied	%	0%	%	Chi Square= 0.402 df= 1	
LH1		42	_ 1	59	Asym. Sig. 0.526	
	Partly	51 0	7	100.0		
	Satisfied	71.2	28.8	100.0		
		<u>%</u>	% ^	% 1		
рсц	Fully	100 0	U	100 0	Chi Square= 0.402; df= 1; Asym.	
кэп	Satisfied	100.0	0.0%	100.0	Sig. 0.526	
1		70		70	1	



[ICMTEST] ICTM Value: 3.00

ISSN: 2277-9655 Impact Factor: 4.116 CODEN: IJESS7

		10	17	50	
	Partly	42	1/	59	
	Satisfied	71.2	28.8	100.0	
	Sullinea	%	%	%	
	Enlly	5	0	5	
	Fully Carla Carl	100.0	.0	100.0	
	Satisfied	%	%	%	Chi Square= 2.156:df= 1: Asym.
HIV		38	17	55	Sig 0.142
	Partly	60.1	20.0	100.0	515. 0.1 12
	Satisfied	09.1	30.9	100.0	
		%	%	%	
	Fully	1	0	1	
	Satisfied	100.0%	.0	100.0	
	Suisiida	100.070	%	%	
	Doutles	36	16	52	Chi Sayara 5 440, df 2, Aave
LFT		69.2	30.8	100.0	Chi Square= 3.449 ; $u = 2$; Asym.
	Satisfied	%	%	%	Sig. 0.066
		0	1	1	
	Not		100	100.0	
	Satisfied	0.0%	0%	100.0 %	
		6	070	/0	
	Fully	100.0	0	100.0	
	Satisfied	100.0	0.0%	100.0	
КЕТ		%		%	Chi Square= 4.991 ; df= 2; Asym.
	Partly	37	16	53	Sig. 0.082
	Satisfied	69.8	30.2	100.0	
	Satisfieu	%	%	%	
		0	1	1	
	Not Satisfied	0.004	100.	100.0	
		0.0%	0%	%	
		21	2	23	
	Fully Satisfied	01.3	2	100.0	
	Fully Satisfied	91.5 %	8.7%	100.0	
		70	1	70	
		21	1	35	
Blood Test	Partly Satisfied		4	100.0	Chi Square= 7.177 ; df= 2; Asym.
		60.0	40.0	100.0	Sig. 0.028
		%	%	%	
		1	1	2	
	Not Satisfied	50.0	50.0	100.0	
		%	%	%	
		2	1	3	
	Fully Satisfied	66 7	33.3	100.0	
		%	%	%	
Hemoglohin		70	,,,	70	Chi Square= 0.039 ; df= 1; Asym.
itemoglobili		41	6	57	Sig. 0.884
	Partly Satisfied	71.0	29.1	100.0	
	-	/1.9	28.1	100.0	
		%	%	%	
		1	0	1	
	Fully Satisfied	100.	0.0%	100.0	
		0%	0.070	%	Chi Square 0.402: df 1: Asym
TSH		40	1	50	Sig = 0.402, ui = 1, Asym.
	Doutly Catladia 1	42	7	39	51g. 0.320
	Partly Satisfied	71.2	28.8	100.0	
		%	%	%	
		1	1	2	
	Fully Satisfied	50.0	50.0	100.0	Chi Square- 0.478. df- 1. Asym
PS	i any ballshed	0%	0.0 %	100.0 %	$Sig \cap A80$
	Dorth Cottatian	70	70	70	51g. 0.407
	Party Satisfied	42	1	58	

http://www.ijesrt.com@International Journal of Engineering Sciences & Research Technology



[ICMTEST] ICTM Value: 3.00

ISSN: 2277-9655 Impact Factor: 4.116 CODEN: IJESS7

-					
			6		
		72.4	27.6	100.0	
		%	%	%	
		1	0	1	
	Fully Satisfied	100.	0.00/	100.0	
		0%	0.0%	%	Chi Sauana 0.402 , df 1.4 aum
CBC		42	1	50	Cm Square= 0.402 ; di= 1; Asym.
	Devil Certificat	42	7	59	Sig. 0.520
	Partiy Satisfied	71.2	28.8	100.0	
		%	%	%	
		14	1	15	Chi Square=
DD	Fully Satisfied	93.3	6 70/	100.0	•
BP	-	%	0.7%	%	6.716; df= 2; Asym. Sig. 0.035
	Partly	29	15	44	
		65.9	34.1	100.0	
	Satisfied	%	%	%	
	Not Satisfied	0	1	1	
		0.00/	100.	100.0	
		0.0%	0%	%	
	Fully	14	0	14	
		100.	.0	100.0	
	Satisfied	0%	%	%	
	Partly	28	14	42	
Sugar		66.7	33.3	100.0	Chi Square= 10.342 ; df= 2;
0	Satisfied	%	%	%	Asym. Sig. 0.006
		1	3	4	
	Not Satisfied	25.0	75.0	100.0	
		%	%	%	
		1	0	1	
	Fully Satisfied	100.	.0	100.0	
CSF		0%	%	%	Chi Square= 0.402 ; df= 1;
		42	17	59	Asym. Sig. 0.526
	Partly Satisfied	71.2	28.8	100.0	
	-	%	%	%	
		1	0	1	
C	Fully Satisfied	100.	00.0	100.0	
Serum		0%	%	%	Chi Square= 0.402 ; di= 1;
Lipase		42	17	59	Asym. Sig. 0.520
	Partly Satisfied	71.2	28.8	100.0	
		%	%	%	
		1	0	1	
Somon	Fully Satisfied	100.	0.0%	100.0	Chi Square 0.402 df 1
Semen		0%	0.070	%	Δ sym Sig 0.526
Analysis	Partly Satisfied	42	17	59	715yiii. 51g. 0.520
		71.2	28.8	100.0	
		%	%	%	
		6	2	8	
	Fully Satisfied	75.0	25.0	100.0	
		%	%	%	
	Partly	37	1	49	
Sonogranhy	1 altiy	51	2		Chi Square= 7.988; df= 2; Asym.
~~~~ upity	Satisfied	75.5	24.5	100.0	Sig. 0.018
		%	%	%	
	Not Satisfied	0	3	3	
	1 of Buibliou	0.0%	100.	100.0	

http://www.ijesrt.com@International Journal of Engineering Sciences & Research Technology



# [ICMTEST]

IC[™] Value: 3.00

			0%	%	
		12	1	13	
	Fully Satisfied	92.3	7 70/	100.0	
		%	7.7%	%	
		21	1	10	
X-Ray/ Color	Partly	31	1	42	Chi Square= $15.470$ ; df= 2;
X- Ray	Carla Carl	73.8	26.2	100.0	Asym. Sig. 0.000
-	Satisfied	%	%	%	
		0	5	5	
	Not Satisfied	0.00/	100.	100.0	
		0.0%	0%	%	
		0	1	1	
	Fully Satisfied	0.0%	100.	100.0	
втст		0.070	0%	%	Chi Square= 2.572; df= 1; Asym.
DICI		13	1	59	Sig. 0.109
	Partly Satisfied	CF	6		
	T artiy Satisfied	72.9	27.1	100.0	
		%	%	%	
		43	1	60	No Statistical
	Partly		7		i to Statistical
Creatinine	Satisfied	71.7	28.3	100.0	Calculation possible
		%	%	%	
		1	1	2	Chi Square=
Kidney	Fully Satisfied	50.0	50.0	100.0	0.478;
		%	%	%	
Test	Partly	42	6	58	df= 1; Asym. Sig.
	-	72.4	27.6	100.0	
	Satisfied	12.4	27.0	100.0	0.489
		0	/0		Chi Square-
	Fully Satisfied	0	100	100.0	em Square-
	T uny Sutistica	.0	0%	%	2.572;
Lever Test		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	070	5	
		43	16	9	df= 1; Asym. Sig.
	Partly Satisfied	72.9	27.1	100.	0.100
		%	%	0%	0.109
		8	0	8	
	Fully Satisfied	100.0	0.00/	100.0	
	-	%	0.0%	%	Cni Square=
		33	1	18	1 280.
CT Scon	Partly Satisfied	55	5	40	4.207,
		68.8	31.3	100.0	df– 2: Asym
		%	%	%	ui- 2, 185ym.
		2	2	4	Sig. 0.117
	Not Satisfied	50.0	50.0	100.0	
		%	%	%	
		43	1	58	Chi Square=
	Partly Satisfied	7 4 1	5	100.0	L.
Dec aller at	-	/4.1	25.9	100.0	5.233;
Endoscopy	 	%	%	%	df_ 1. A
	Not Sotiafiad	0	100	100.0	ai = 1; Asym.
	not Satisfied	0.0%	100. 004	100.0	Sig. 0.022
			1	70	
ENT		43	7	60	No Statistical
I	I		/		



#### [ICMTEST] ICTM Value: 3.00

## ISSN: 2277-9655 Impact Factor: 4.116 CODEN: IJESS7

Check	Partly Satisfied	71.7 %	28.3 %	100.0 %	Calculation possible
	Fully Satisfied	1 33.3 %	2 66.7 %	3 100.0 %	Chi Square=
ECC	Doutly Sotiafied	42	1 4	56	5.007;
ECG	Partly Satisfied	75.0 %	25.0 %	100.0 %	df= 2; Asym.
	Not Satisfied	0	1	1	Sig. 0.082
		0.0%	100.	100.0	Ŭ
			0%	%	
Spite Test	Partly Satisfied	43	1 7	60	No Statistical
		71.7 %	28.3 %	100.0 %	Calculation possible
		2	0	2	Chi Square=
2D Echo	Fully Satisfied	100.0 %	0.0%	100.0 %	0.818;
Doppler	Partly Satisfied	41	17	58	df= 1; Asym.
		70.7 %	29.3 %	100.0 %	Sig. 0.366

Data in the table no.2 and results of the chi-square test draw following inferences.

## III. FINDING AND CONCLUSION

In case of FCH, LH, Beta HCG, Plorality, Urine test, thyroid test, LH1, RSH, HIV, KFT, Hemoglobin, TSH, PS, CBC,CSF, Serum Lipase, Semen Analysis, BTCT, Kidney test, Lever test, CT Scan, ECG, 2D Echo Doppler, there was no association between the level of satisfaction of the patients on instruments and their satisfaction level on the result of the test.

In case of LFT, Blood tests, BP tests, Sugar tests, Sonography, X-ray and Color X- Ray and Endoscopy, there was strong and significant association between the level of satisfaction of the patients on instruments and their satisfaction level on the result of the test.

#### **IV. REFERENCES**

- [1] http://www.finnegan.com/HealthcareITIndustry/
- [2] Ashok Jhunjhunwala, Suma Prashant, Sameer Sawakar, Rural Technology and Business, IITM, Chenna, "Healthcare in Rural India: Challenges".
- [3] http://krc.ncuih.org/UIHP_HIT_Survey_2011
- [4] http://www.asianhhm.com/information_technology/ajaysharma_interv iew.html
- [5] http://www.authorstream.com/Presentation/spk123spk123-714169- urban-and-rural-health-care/
- [6] http://www.finnegan.com/HealthcareITIndustry/
- [7] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2244537/
- [8] Information technology in healthcare", MEDPAC, june 2004
- [9] Jeff Sutherland, Willian-Jan van den Heuvel, "Towards an Intelligent Hospital Environment Adaptive Workflow in the OR of the Fututre", ,2006
- [10] Kavitha.G et al. / International Journal of Engineering and Technology (IJET) ISSN
- [11] Lynn H.Vogel, "Finding value form it inverstments: exploring the elusive ROI in healthcare", Vol 17 No 4.
- [12] Moshe Kesho,"The Value of Decesion-making in the healthcare environment", December 2007.
- [13] Technology Can Help Make Patient Safety Improvements a continous Process", Simens Medical Solutions, Alan Barbell
- [14] www.harneedi.com/index.php/healthcare-articles/1738-indian-healthcareindustry-overview-and-trends-2010.html