DISSERTATION

AT

UNITED HEALTH GROUP

GURGAON HARYANA

(FEB 28 – MAY 15, 2014)

Analysis of Change management training at go-live HMIS Implementation

In General Hospital Panchkula, Haryana

By

Devraj Singh Solanki

Under The Guidance

Dr. Anandhi Ramachandran

Post Graduate Diploma in Hospital and Health Management

2013-2015



International Institute of Health Management Research New Delhi

1 | P a g e

TO WHOMSOEVER IT MAY CONCERN

This is to certify that $\underbrace{\text{Devergentry}}_{\text{Singh}}$ student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at <u>Drifed Health Grado from 28/2/15</u> to <u>15/5/15</u>

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr. A.K. Agarwal Dean, Academics and Student Affairs IIHMR, New Delhi

20 K.

Dr. AnandhiRamachandran

IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "Haryana HMIS Implementation" at "United Health Group is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Anardh: Kamadandar Manar Chaudharry

Signature

Certificate from Dissertation Advisory Committee

This is to certify that **Mr. Devraj Singh Solanki**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He/ She is submitting this dissertation titled "Haryana HMIS Implementation" at "United Health Group" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

ll. KA

Dr. Anandhi Ramachandran, Associate Professor,

IIHMR, New Delhi

mennin

Mr. Syed Mubashshir Tirmizi, Project Manager,

United Health Group

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI CERTIFICATE BY SCHOLAR This is to certify that the dissertation titled Haryana HMIS Implementation in General Hospital and submitted by (Name) Devraj Singh Solanki Enrollment No. PG/13/016 under the supervision of Dr. AnandhiRamachandranfor award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 28th Jan. 2015 and Apr. 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning. Signature 5 | Page

FEEDBACK FORM

Name of the Student: Mr. Devraj Singh Solanki

Dissertation Organization: United Health Group

Area of Dissertation: Implementation of HMIS in General Hospital in Panchkula -Haryana.

Attendance: 100%

Objectives achieved: Mr. Devraj Singh Solanki is now familiar with Hospital Management Information System Implementation. Additionally, he also knows about the incident and change management process followed by during the course of HMIS Implementation.

Strengths: Mr. Devraj Singh Solanki has perform exceptionally well during his internship period. He is quick lerner and has strong analytical skills, he quickly picked up hospital management information system implementation process and configuration. In addition, he is a good team player – he has helped in organizing monthly team events.

Suggestions for Improvement: Mr. Devraj Singh Solanki should try and improve his business communication skills as it will be and integral part of his daily work in future .

Date: Place:

April pleak

Mr. Akhil Sheokand Training Head United Health Group

To Whom It May Concern

This is to certify that Mr. Devraj Singh Solanki was on fixed term internship from $\frac{28421(5)}{15}$ to $\frac{1515715}{15}$. He has successfully completed his internship in Haryana HMIS Implementation.

We wish you the very best in your future endeavor.

Yours truly,

Altempt

Mr. Syed Mubashshir Tirmizi Project Manager United Health Group

<u>Index</u>

Table of content	P. no.
Introduction	10
Problem statement	12
Scope of project	13
Review of literature	14
Background of Project	17
Executive summary	19
Registration	22
Registering new patient	23
Registering an existing patient	24
Check for duplication	25
Doctor(EMR)	27
Consult and Record Diagnosis	27
View Laboratory Reports	28
Laboratory	30
Place Lab Orders	30
Collect and Send Sample	32
Accept Sample	35
Process Sample and Report Entry	36
Result Verification	37
Radiology	39
Place Radiology order	39
Queue Management and execution	39
Prepare Report	40
Pharmacy	42
OP Pharmacy Prescription entry and dispensing	42
Admission & Discharge	44
Direct Admission	44
Quick Discharge	45

Training session	47
Plan of Training	49
Flow Chart	50
Study	54
Objective	54
Methodology	54
Observation	55
Discussion	62
Conclusion	63
References	64

Introduction

A "HOSPITAL MANAGEMENT INFORMATION SYSTEM" is a computerized management system. This management system has been developed to form whole management system including Employees, Doctors, Nurses and Patients Bills. The proposed system will keep track of Employees, Doctors, Patients, Accounts and generation of reports regarding the patient status. This project has GUI based software that will help in storing, updating and retrieving the information through various users – friendly Role based modules.

Hospital are the essential part of our lives, providing best medical facilities to people suffering from various ailments, which may be due to change in climatic conditions, increased work-load, emotional trauma stress etc. It is necessary for the hospitals to keep track of its day-to-day activities & records of its patients, doctors, nurses, ward boys and other staff personals that keep the hospital running smoothly & successfully.

But keeping track of all the activities and their records on paper is very cumbersome and error prone. It also is very inefficient and a time-consuming process Observing the continuous increase in population and number of people visiting the hospital. Recording and maintaining all these records is highly unreliable, inefficient and error-prone. It is also not economically & technically feasible to maintain these records on paper.

Thus keeping the working of the manual system as the basis of our project. We have developed an automated version of the manual system, named as "Hospital Management System".

The main aim of our project is to provide a paper-less hospital up to 90%. It also aims at providing low-cost reliable automation of the existing systems. The system also provides excellent security of data at every level of user-system interaction and also provides robust & reliable storage and backup facilities.

The project "Hospital management system" is aimed to develop to maintain the day –to-day state of admission/discharge of patients, list of doctors, reports generation, and etc. It is designed to achieve the following objectives:

- 1. To computerize all details regarding patient details & hospital details.
- 2. Scheduling the appointment of patient with doctors to make it convenient for both.
- 3. Scheduling the services of specialized doctors and emergency properly so that facilities provided by hospital are fully utilized in effective and efficient manner.
- 4. If the medical store issues medicines to patients, it should reduce the stock status of the medical store and vice-versa.
- 5. It should be able to handle the test reports of patients conducted in the pathology lab of the hospital.
- 6. The inventory should be updated automatically whenever a transaction is made.
- 7. The information of the patients should be kept up to date and there record should be kept in the system for historical purposes.

Problem Statement

Since HOSPITAL is associated with the lives of common people and their day-to-day routines so I decided to work on HMIS Implementation project.

The manual handling of the record is time consuming and highly prone to error. The purpose of this project is to automate or make online, the process of day-to-day activities like Room activities, Registration, Admission of New Patient, Discharge of Patient, Assign a Doctor, and finally compute the bill etc.

- 1. HIS in Haryana is still in the first phase of its implementation. GH Panchkula early system implementation phase is very critical. During this phase, there are many changes occurred when a new system is introduced such as HIS, there will be changes in the way of the medical staff performing their tasks. Thus, bad management during the changes can cause users' resistance towards the new system implemented. Besides, we also found that the level of resistance towards new system implementation was quite high as they were familiar with manual practices. We found that medical staffs, especially doctors negatively acted in response to new technology introduced, medical staffs tend to resist and look at the new system as a threat that could affect their work and potential.
- 2. Some Medical and Paramedical staff not interested to use HMIS system.

Scope of the Project

Healthcare aspect is vital in daily lives where most people nowadays prefer to find a hospital that offers better healthcare services. People's demands for good-quality services provided by hospitals drive these organizations to improve their services by adopting Information System (IS). In the context of hospital environment, the adoption of IS is quite tremendous since many hospitals are able to increase their services to high quality level for competing with other healthcare entities. IS adoption has been increasing from year to year in India. Many healthcare entities are found to improve their hospital services by managing the quality of services delivered. Nevertheless, adoption of IS in many local hospitals in Haryana is still at an early stage. Therefore, this research helps to explain more about IS, consequently, able to give some understanding of its operations as well as its implementation and also give the understanding about how manage the change in Hospital and work process through the HMIS and make system adaptable for end user in the hospital and how make them confident about work on system.

Review of Literature

HOSPITAL INFORMATION SYSTEM (HIS) IMPLEMENTATION IN A PUBLIC HOSPITAL: A CASE STUDY FROM MALAYSIA

Hospital and IS Hospitals around the world have widely utilized IS for over 30 years. IS for many hospitals in US and UK have been automated since the emergence of IBM systems. For example, US government has made the adoption of the electronic medical records as mandatory to all healthcare providers by 2014 (RAND Health 2005). Besides that, the emergence of the technology evident the adoption of the systems has taken place across hospitals in most countries like USA (Smith and Swineheart 2001; Trimmer et al. 2002; Ovretveit et al. 2007; Meinert and Peterson 2009; Caccia-Bava et al. 2009; Lee and Meuter 2010), England (Procter and Brown 1997), Egypt and Jordan (Zineldin 2006; Hammad et al. 2010), Scotland (Walsh et al. 2010) and New Zealand (Lowe 1999). At the beginning of IS implementation, it focused only on improving efficiencies in accounting function such as billing and financial reporting (Trimmer et al. 2002). Far East Journal of Psychology and Business Vol. 8 No. 3 Sep 2012 3 However, as the need to manage and integrate clinical, financial and operational information grows and evolves, HIS gives many benefits such as it could provide the best possible support of patient care and administration by electronic data processing (Ammenwerth, Kaiser, Wilhelmy and Hofer 2003). Realizing these benefits, MOH pioneered HIS project in hospitals around Malaysia, including Terengganu, Pahang and Sarawak. The adopted HIS is the systems that can help the selected hospitals to become the benchmark of modern, automated hospitals and realize the goals of becoming a model "e-hospital" in Malaysia. Hospital Information System (HIS) Hospitals are information-intensive organizations and pay a great attention on information management and processing, which have to be carried out using appropriate IS. HIS is a computer-based system designed to assist the management of the administrative and medical information within a hospital (Trimmer et al. 2002). It helps to improve operational efficiency, care quality and more informed decision making. According to N.ghosh (2010), the systems give comfortable access to patient data. The increasing customers' expectations and regulatory requirements also lead to the need for clinical information and administrative tools that can be immediately accessible. It has been further stated by Lee and Meuter (2010), that efficiency is achieved through the use of the system that allows users to obtain patient critical information as soon as it is needed. Furthermore, by improving operation efficiency, the application of the systems could also reduce the costs (Spathis and Ananiadis 2005). As supported by Hegji et al. (2007) serving patients with quality of care would be worth for better return in the future. Additionally, by providing accurate and reliable information, the use of the system could enhance decision making (Spathis and Ananiadis 2005).

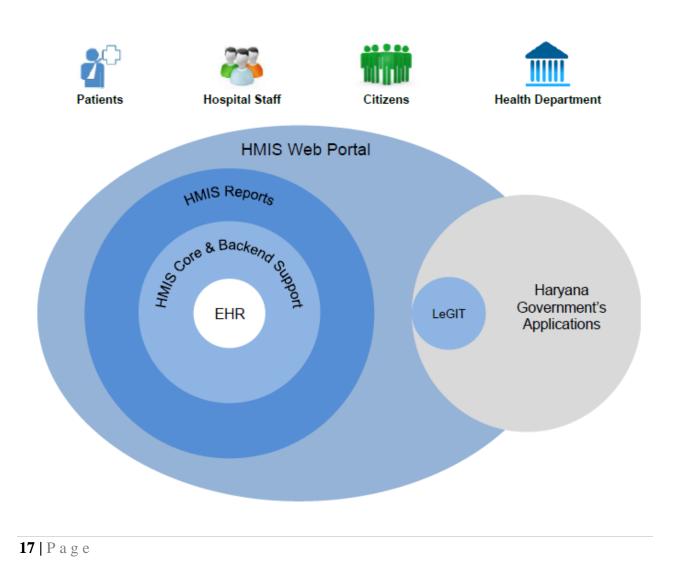
It is also noted in the study conducted by Ashcroft (1998) found that users in healthcare services had clearly perceived the significant impact of the system on their decision making. Despite its widely accepted benefits, HIS adoption is still at a slow pace in certain countries due to lack of computer skills and training (Meinert and Peterson 2009). The inability of individual user to facilitate their knowledge in the systems application has caused significant barriers to wider adoption of HIS. This is argued by Caldeira and Dhillon (2010) by listing 17 facilitating competencies in delivering IS benefits, which is among all are, ability to ensure user application knowledge and provide ongoing IS training.

Users acceptance towards the system

The role of IS has led to many changes, and it creates more opportunities for those who adopt and utilize it. Even though IS seems to provide many benefits, the increase of rate in its adoption is influenced significantly by its users (Stefanou and Revanoglou 2006). Therefore, users' acceptance towards the systems is an important aspect. Since IS is usually adopted as a result of environmental changes, economic pressure, competition and organizational change, thus many unable to manage it appropriately in order to get the best output from it. Some rather prefer to stick to manual systems because of several factors such as strong resistance to adapt, effect on job practices, as well as training and skills. According to Aggelidis and Chatzoglou (2008), perceived usefulness and ease of use are two fundamental factors in evaluating technology acceptance by users. Basically, users are more open to a new system when they become familiar with the function and could witness benefits from it (Stefanou and Revanoglou 2006). It is further noted that the system should provide more managerial involvement in the implementation, facilitate research needs, act as a protection against future complaints, and as the measurement of professional hierarchy (Darr et al. 2003).

Background of the Project

The HMIS will is required to be centrally deployed out of a datacenter. It will be accessed from various types of hospitals (e.g. District Hospitals, Sub District Hospitals, PHCs and CHCs through secure web access for various purposes by patients, hospital staff, citizens and health department. The solution will provide end-to-end workflow for hospital information system catering to healthcare service, as well as Infrastructure and administrative services. At a high level, the complete solution can be viewed as being composed of concentric rings. Each outer ring builds on the functionality provided by the inner rings.



The following are the rings that make up the complete solution.

1. **EHR:** The Patient EHR (Electronic Health Record) is at the core of the solution. It will be accessible across all the facilities of the state. The patient will be identified by a unique UHID across all facilities.

2. **HMIS Core Application and the Backend Support Functions**: It will be accessed across all facilities using a web browser. This will provide a unified platform for coordinating the resources and workflows across all the facilities. The patient will be at the core of these modules. The health information recorded at various touch points during the patient's visits at the hospital will be collated into the EHR.

3. **Reports**: This layer presents the specified list of MIS Reports that are built on top of the data that is gathered by the enclosed HIS System.

4. **Haryana Government's Applications:** These are existing systems such as SRDB, IdM, Birth and Death, Referral Transport System, etc. or future systems such as SSDG, State Portal, etc. The HIS application communicates with these applications using the LeGIT interface framework, provided by Haryana.

The important applications to interface with are SRDB and IdM. SRDB is a citizen's database which will need to be queried to load Patient's demographic information. IdM is the single point of authenticating a user for HMIS.

5. **HIS Web Portal:** The Web Portal displays static information as well as dynamic information from the HIS Application, the MIS Reports and selected reports/documents from Haryana's existing and future applications.

Executive Summary

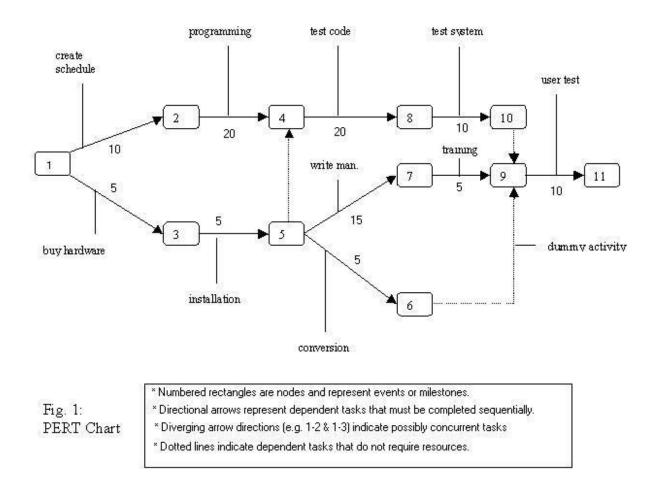
Hospital Information System; HIS is comprehensive, integrated information systems designed to manage the medical, administrative, financial and legal aspects of a hospital and its service processing. Traditional approaches encompass paper-based information processing us well as resident work position and mobile data acquisition and presentation.

ADVANTAGES OF HOSPITAL INFORMATION SYSTEM

- HIS is based on the exemplar of a centralized information system designed for quick delivery of operational and administrative information.
- The administration can actively use HIS for monitoring and controlling the quality of patient care.
- Helps in providing improved clinical outcomes and better diagnosis and care to the patients.
- The administrative and supply chain modules improve productivity and efficiency, driving down costs and waste.
- Assesses the performance of the medical staff; in keeping track on how hospital's resources are being put to use.
- Gathering data for short term and long term decisions
- Prompt and reliable information storage, querying and retrieval
- A data ware house of such records can be utilized for statistical requirements and for research.

Activity allocation (Pert Chart in Appendix):

A PERT chart is a project management tool used to schedule, organize, and coordinate tasks within a project. PERT stands for Program Evaluation Review Technique, a methodology developed by the U.S. Navy in the 1950s to manage the Polaris submarine missile program. A similar methodology, the Critical Path Method (CPM) was developed for project management in the private sector at about the same time.



A PERT chart presents a graphic illustration of a project as a network diagram consisting of numbered nodes (either circles or rectangles) representing events, or milestones in the project linked by labelled vectors (directional lines) representing tasks in the project. The direction of the arrows on the lines indicates the sequence of tasks. In the diagram, for example, the tasks between nodes 1, 2, 4, 8, and 10 must be completed in sequence. These are called dependent or serial tasks. The tasks between nodes 1 and 2, and nodes 1 and 3 are not dependent on the completion of one

to start the other and can be undertaken simultaneously. These tasks are called parallel or concurrent tasks. Tasks that must be completed in sequence but that don't require resources or completion time are considered to have event dependency. These are represented by dotted lines with arrows and are called dummy activities. For example, the dashed arrow linking nodes 6 and 9 indicates that the system files must be converted before the user test can take place, but that the resources and time required to prepare for the user test (writing the user manual and user training) are on another path. Numbers on the opposite sides of the vectors indicate the time allotted for the task.

1. Log In



- Enter User Name & Password
- Select Sign In

2. Registration

2.1. Registering a New Patient

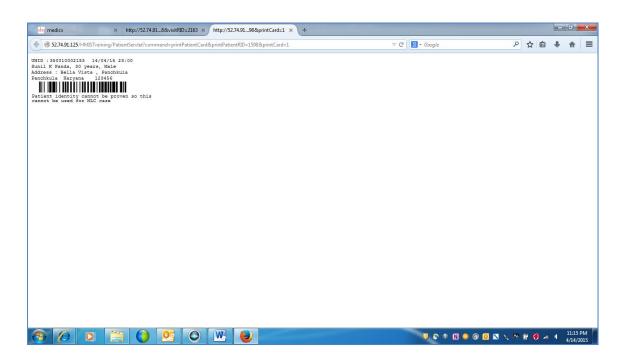
dag medics +			
S2.74.91.125/HMISTraining/UDesktop?mode=0	⊽ ୯	S - Google P ☆ 自	+ ☆ =
General Hospital REGISTRATION DESK		211 116 Ms. Isha Sharma	⇔ c-
New Workspace × +		Search	Q
Admissions Record Inpatient Admission, Day Care Admissions and Emergency Admissions	Bills Create OP bills, View and Modify bills		
5 Cash Register Wew Cash register balance, Transfer collections to Finance, Deposit cash to bank	My Settings Set password for your login		E
Outpatients Register Outpatients, View 1st of Outpatients and check-out patients	Outpatient Visits Outpatient Visits		
Patients Patients	Emergency Admissions		-
💓 🔳	Default patient records		(*)
		in 🚫 🗐 🗶 🖉 🗿 🌚 🕼 🐧 🗘 🖉 🔰	11:09 PM 4/14/2015

- Open a New Workspace
- Select Outpatient Visit

deq medics	+		U	_ 0 <mark>_ X</mark>
€ € 52.74.91.125/HMISTraining/UDes	ktop?mode=0	▼ C ^e Soogle	P ☆ @ →	₽ 🕆 🗏
General Hospital	REGISTRATION DESK	211 116 Ms. Isha Sh	arma 김 🕇	¢ C
👔 📄 New OP Visit	New Workspace x +		Search	Q
T		OP Visit Cabinet	Last OP Visit	New OP Visit
Registration	Doctor Assignment Payment Collection			Î
Registration				E
Search Enter UHID, Phone	no., UID		Advanced Sea	arch
Patient Details		Visit Type : OP UHID NA		
Name	Title First name Last name Last name			
DOB	ddmmyyyy * Or Age Year(s) - Senior Citizen			
Gender	Male * Marital Status * Relationship Relative's name			
Aadhaar Card No.				
Nationality	Indian -			
Contact Details				
State	Haryana • * District	Select *		
Tehsil	▼ * Village/Town			-
📀 🙆 💿 🚞		U 💿 🕇 N 🗿 @ 🖪 😒 🍾	14 🗑 🗑 ant o	11:07 PM 4/14/2015

- Select New OP Visit
- Enter mandatory data for the sections Patient Details, Contac Details, Patient Classifications, Doctor Assignment and Payment Collections
- Select Save

• Patient UHID and Token for doctor consulation get auto generated



- Print UHID label
- Print Token for doctor consultation

2.2. Revisit of an Existing Patient

deg medics ×	http://52.74.918&visitRID=2163 × http://52.74.9198&printCard=1 × +		
S2.74.91.125/HMISTraining/UDes	dop?mode=0	⊽ C ^{el} Soogle	▶ ☆ 自 ♣ 侖 ☰
General Hospital	REGISTRATION DESK	211 116 M	ls. Isha Sharma 김 🔅 🧲
New OP Visit	x +		Search
1		OP	Visit Cabinet Last OP Visit New OP Visit
Registration	Doctor Assignment Payment Collection		
Registration			E
Search Enter UHID, Phone	no., UID		Advanced Search
Patient Details		Visit Type : OP UHID NA	A Contraction of the second
Name DOB	Title * First name * Middle name Last name ddmmyyyyy * Or Age Year(s) * Senior Citizen	*	
Gender	Male • * Marital Status • * Relationship • Relative's name		
Aadhaar Card No.			
Nationality	Indian -		
Contact Details			
State	Haryana • * District	Select *	
Tehsil	▼ * Village/Town		-
📀 🙆 💿 🚞		U 🗞 🕈 N 😂 @ (0 🔨 🔌 👺 💋 ant 🖣 11:25 PM

• Search existing patient by his/her UHID or through various options provided in advanced search option

A						
3 117.239.160.11/HMISTrain	ning/UDesktop?mode=0			∀ C Search	☆ 自 4	₩ 11 11 11 11 11 11 11 11 11 11 11 11 11
General Hosp	ital REGISTRATIO	ON DESK			Ms. Isha Sharma 🧧	9 ☆ G
New OP Visit	x +					:h Q
					8	
					OP Visit Cabinet Last OP V	visit New OP Visit
						*
Registration	Doctor Assignmer					
				\otimes		
Registration		Patient h	nas an active OP Visit			
Search Enter UHID, F			The patient has an active visit in GENER	RAL MEDICINE (Dr.		
Patient Details		-	Swati Garg). Do you wish to:	Type : OP UI	HID NA	
Name	Title 👻 * Fin	st nar	Modify the current Visit details	Modify		
DOB	ddmmyyyy	Or				
Gender	Male 👻 * Mar	ital St	Record a NEW Visit to another Doctor	New Visit		
Aadhaar Card No.						
Nationality	INDIAN	Ŧ				
Contact Details						
State	Haryana	*	District	Select 👻	*	
		*	Village/Town			
Tehsil						

- Select from the options Modify or create New visit
- Modify Update patient details and save
- Create Revisit System dispalys the earlier Speciality and Doctor by default. Change specialty and Doctor as desired
- Save
- Token number auto generated for the revisit
- Print token number

	Desktop?mode=0						⊽ C'	8 - Google			▶ ☆ 自		=	
7.000 (1021225) / 10105 / 10111199 (1	besktop/mode=o											-	_	heck
General Hospital		ON DESK							211 116		narma 🕜	-Q-	G	for
	isit _x +												Q	
										-			2	Dupli
										OP Visit Cabinet	Last OP Visit	New OF		ation
Registration														
Registration		Duplicate Patie	ents Found											
Search Enter UHID, Pho											Advanced	Search		
		Is this the same as		atients below o e Last Name			les, Phone	Mobile						
Patient Details								Mobile	P UHID					
Name	Mr. 👻 *	350010002153 New patient	Sunil	Panda	В	ella Vista 8	887776543							
DOB		 New patient 					Continue	Close						
Gender	Male 👻 * N				24									
Aadhaar Card No.														
Additiaal Gald No.	Indian	Ŧ												
Nationality														
					District		Panchk	ula	¥ X					
Nationality	Haryana	*												
Nationality Contact Details	Haryana Panchkula	× *			Village/Towr	n							-	

- System provides a pop up when similar data like Name, Mobile number enteed as a New OP visit
- Verify if patient is a new case or a case of revisit
- Select continue in case of new patient
- Select UHID link in case patient existence is verified
- Save
- Token number auto generated
- Print token number

3. Doctor (Partial EMR)

3.1. Consult and Record Diagnosis

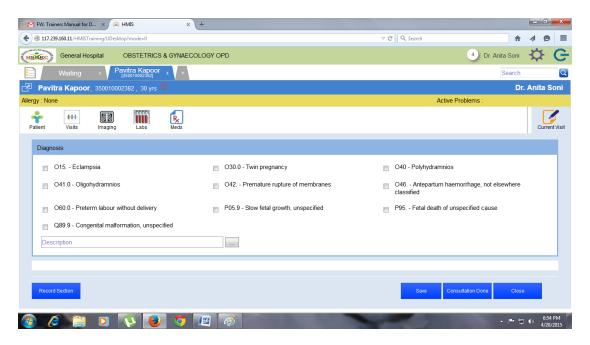
deq medics × http	p://52.74.9188tvisitRID=2163 × http://52.74.9	198&printCard=1 × +				_ 0 <u>_ X</u>
S2.74.91.125/HMISTraining/UDe	esktop?mode=0			⊽ C ^e Soogle	▶ 🗘 自	+ ☆ =
General Hospital	General Medicine				Dr.Parveen Joshi	¢ C
🔠 📔 Waiting	x +				Search	Q
T				Referral patients	In patients To Consult	Waiting
Search by: UHID -	٩					
UHID	Patient Name	Gender	Phone No.	Visit Reason	Token No.	
350010002154	Zalim Singh	Male		Consultation	GM2	
	🌔 🕂 🐼 🔍 🚺			U 🗞 🕴 🛛 🕴	n 💽 🐩 🗶 🖉 🔝	11:48 PM 4/14/2015

- Select waiting
- Select a patient from the list
- Select start consultaion

des medics × http://52.74.918&visitRID=2163 × http://52.74.9198&printCard=1 × +			
Image: Signal Content of Signal	V C Google	▶ ☆ 自	+ ☆ =
General Hospital General Medicine	120 1 1	Dr.Parveen Joshi	⇔ G
Waiting x Zalim Singh x +		Search	Q
권 Zalim Singh, 350010002154, 39 yrs ර		Dr.Par	rveen Joshi
Allergy : None	Active Problem	s:	
			Current Visit
Diagnosis			
B50 Plasmodium falciparum malaria			H
Record Section	Save Consultation	Done Close	
🚱 🖉 💿 🚞 🕒 📴 💿 🖭 📦	U 🗞 🕈 N 🔾 @ 🖸 🗞	N 🛤 🗑 💋 ad	11:51 PM 4/14/2015

- Enter Diagnosis
- Save
- Select Consultation Done

After starting consultation screen will come as following:-



- 3.2. View Laboratory Reports:- Click

M FW: Trainers Manual for D × 🛞 HMIS × +		
@ 117.239.160.11/HMISTraining/UDesktop?mode=0	∀ C C Search	â ∢ ⊜ ≡
General Hospital OBSTETRICS & GYNAECOLOGY OPD		🕘 Dr. Anita Soni 🔅 🗲
Waiting x Ashima Goyal x +		Search
🗗 Ashima Goyal, 350010002385 , 56 yrs ♀		Dr. Anita Soni
Allergy : None	Activ	e Problems :
Patient Visits Imaging Labs Meds		Current Visit
Lab Reports	Show unprinted reports	Show all previous reports
No reports found		
		▲ 📑 🗊 🚯 7:11 PM

Field Show unprinted reports	Description Displays all unprinted reports.
Show all previous reports	Displays all previous reports
Print	Allows you to print the report
Preview	Allows you to preview the Lab report.

4.1. View Radiology Images/Reports:- Click

I

FW: Trainers Manual for D × 🛞 HMIS	× +		- 0 ×
117.239.160.11/HMISTraining/UDesktop?mode=0		⊽ C Q Search	• 4 9 ≡
General Hospital OBSTETRICS	& GYNAECOLOGY OPD	Dr. Anita Sor	• 🌣 G
Waiting x Ashima Goyal	x +	Searc	h Q
Ashima Goyal, 350010002385, 56 yrs 🖓		Active Problems :	Dr. Anita Soni
Allergy : None Patient Visits Imaging Labs	R Meds	ALIVE FOODERTS .	Current Visi
Image Reports	Show unprinted re	eports 🗇 Show all pr	evious reports
No reports found			
🚱 🧔 🛱 🖸 📢 ⊌	Description	•¶ ▲	た」 (4)) 7:15 PM 4/20/2015
Show unprinted reports	Displays all unprinted repo	orts.	
Show all previous reports	Displays all previous report		
Print	Allows you to print the rep	oort	
Preview	Allows you to preview the		

5. Laboratory

5.1. Place Lab Orders

day medics +	
S2.74.91.125/HMISTraining/UDesktop?mode=0	▼ C 📴 - Google P ☆ 自 ♣ 余 三
General Hospital Laboratory	🕴 Lab Cashier 🔅 🗲 🕇
Ready Reports × New Workspace × +	Search
Bills Create OP bills, View and Modify bills	Cash Register Verv Cash register blance, Transfer collections to Finance, Cepost cash to bank
My Settings Set pass word for your togin	16 Patient Followups Follow up with patients for sample collections, vaccinations, follow-up consultations
13 Refunds Drate Refund to patient, View and Modify Refunds, Manage Refund approvals	Patients Reports Patients Reports
Default re	eceipts patients report
🕘 🖉 🗵 📜 🌒 🖭 🕘	U 🕼 🕆 🖸 📀 🕲 🔌 🕸 💋 💷 4 10:03 PM 4/15/2015

• Select Bills

ubq medics	+									
S2.74.91.125/HM	ISTraining/UDesktop?mode=0					⊽ C ⁴ 🗧 ₹ G	oogle		▶ ☆ 自	+ 🔶 🗄
General Ho	ospital Laboratory							81 Lab C	Cashier 🕜	¢ C
🔠 📄 Ready	Reports × New Bill	x +							Search	0
1			To Create	To Recalculate	To Confirm	Approve Discounts	Approve Discounts	Bill Cabinet	Last Bill	New Bill
Search by UHID	Phone	E-mail	Search	Clear						^
Patient Details (*	indicates mandatory fields)							Visi	Type: OP UF	IID : NA
Name DOB Speciality Referral Type Res. Phone	First Name * Last * (dd/mm/y) SELF * *		Age Consulting Referred B Mobile No	Ву	Select Self	Year(s) •	•			E
Bill charges									All amounts	in (INR)
X Code	Description			Qty		Rate	Pat	ient Amt		
						Total		0.00		
Payment Details									Receive I	Payment
📀 🖉 🖸		ا					V 🔍 🕇 🛛	0 @ 🛯 🔪	😻 😫 💋 ail	10:04 PM 4/15/2015

- Select New Bill
- Enter prescribed Tests
- Select Confirm
- Bill with Token number gets printed automatically

F 3 117.2	39.160.11/HMISTrai	ning/Billing?command=printReport&ReportFileNa	me=bill&Format=HTM	L8 ⊽ C ⁱ	Q. Search		+	î	☆	Ê	Ξ
		General Hospita Haryana - India Tel: 0172-2562199, 25	a								
		O.P.D BILL CUM - REG	CEIPT								
HID	: 350010002	378 Bill No.	: 2387								
Patient	: Amit Aror	a Bill Date	: 20/04/2	015 03:	26:02 PM						
'oken No	: LAB-S1	Physician's	Name : Dr. Sor	u Arora							
		Speciality	: GENERAI	MEDICI	NE						
S.NO	SERVICE	DESCRIPTION	AMOUNT	QTY	TOTAL						
		Laboratory				1					
1	LAB094	Complete Blood Count(CBC)	0.00	1	0.00						
			0.00		0.00						
			Net Amount	(INR)	0.00						
			Patient Paid	(INR)	0.00						
			Balance	(INR)	0.00	1					

Printed on : 20/04/2015 03:26 PM

Bill Created By: Lab Cashier

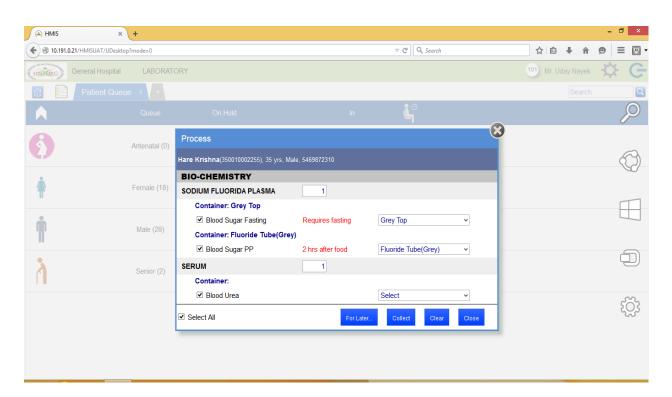
5.2. Collect and Send Sample

dag medics +				- 0	×
S2.74.91.125/HMISTraining/UDesktop?mode=0	⊽ C'	8 - Google	Р ☆ 自	∔ ♠	≡
General Hospital Laboratory		57) Mr. L	Iday Nayek	₽	G
New Workspace × +			Search		Q
57 Samples Print sample labels, Record Sample collection, Track samples sent to external labs	Queue Management Gueue Management				
 Image: A state of the state of	Default		ફ		
🕘 🖉 🧕 🚞 🕒 🔛 🕘		U 🗞 🕈 🛛 😂 🖉 V	16 🕅 🗑 🕷	10:19 4/15/	5 PM 2015

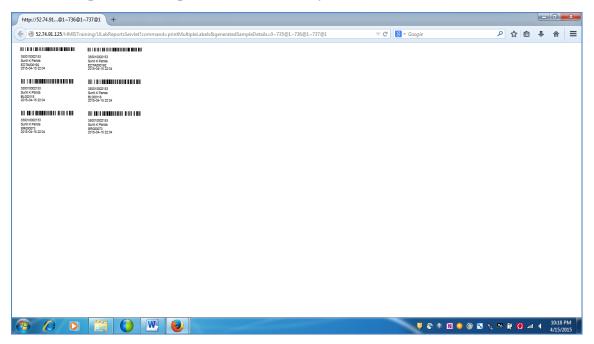
• Select Queue Management

(a) HMIS	× +				- 0 ×
(10.191.0.21/H	MISUAT/UDesktop?mode=0			▼ C Search	☆ 🖻 🖡 🎓 😕 🗔 -
Gen	eral Hospital LABORATORY				101 Mr. Uday Nayek 🔅 🗲
	Patient Queue × +				Search
	Queue	On Hold		In 🧯	
()	Antenatal (0)				
†	Female (18)	15		- Nett LAB-F3 LAB-F5 LAB-F3	
Ť	Male (28)	25		- Net LAB-M4 LAB-M16LAB-M17	
à	Senior (2)		Hold	Hare Krishna , 35 Years , Male 350010002255 Put on Hold	
				Waiting time: 7 Hours 26 Minutes Call Patient	

- Select the token number.
- Select Call Patient
- Select Process.



- Select "Select All"
- Select collect
- Sample ID labels printed automatically



• Stick labels to respective vaacutainers

3 52.74	1.91.125/HMISTraining/UE)esktop?mode=0				⊽ C ⁱ 8 - G	oogle		▶ ☆ 自	+ 1	ł
RC	General Hospital	Laboratory						59 Mr. U	Jday Nayek	₽	
	Samples to se	end x +							Search		
							-	47 ples to send	Print and collect		Brov
	Patient UHID	Patient Name	Sample Id	Sample Type	Collection date a	and time	Collected by	Sample	collecting uni		
1	350010002153	Sunil K Panda	SR000073	SERUM	15/04/2015 22:	18	Mr. Uday Nayek	BIO-CH	EMISTRY		
V	350010002153	Sunil K Panda	BL000118	BLOOD	15/04/2015 22:	18	Mr. Uday Nayek	BIO-CH	EMISTRY		
1	350010002153	Sunil K Panda	EDTA000192	EDTA WHOLE BLOOD	15/04/2015 22:	18	Mr. Uday Nayek	BIO-CH	EMISTRY		
	350010001812	Ram Lakhan	SR000068	SERUM	08/04/2015 18:	17	Mr. Uday Nayek	BIO-CH	EMISTRY		
	350010001710	Varun Trivedi	EDTA000167	EDTA WHOLE BLOOD	07/04/2015 15:		Mr. Uday Nayek	BIO-CH	EMISTRY		
	350010001734	Reena Khanna	SFP000040	SODIUM FLUORIDA PLASMA	A07/04/2015 16:	02	Mr. Uday Nayek	BIO-CH	EMISTRY		
	350010001734	Reena Khanna	BL000107	BLOOD	07/04/2015 16:	02	Mr. Uday Nayek	MICRO	BIOLOGY		
	350010001734	Reena Khanna	EDTA000169	EDTA WHOLE BLOOD	07/04/2015 16:		Mr. Uday Nayek	BIO-CH	EMISTRY		
	350010001732	Anuj Sah	SFP000038	SODIUM FLUORIDA PLASMA	A07/04/2015 00:	00	Mr. Uday Nayek	BIO-CH	EMISTRY		
	350010001695	Maharana Pratap Thakur	SR000057	SERUM	07/04/2015 00:	00	Mr. Uday Nayek	CLINIC	AL PATHOLOG	β Y	
	350010001695	Maharana Pratap Thakur	EDTA000162	EDTA WHOLE BLOOD	07/04/2015 00:	00	Mr. Uday Nayek	CLINIC	AL PATHOLOG	βY	
	350010001695	Maharana Pratap Thakur	SR000056	SERUM	07/04/2015 00:	00	Mr. Uday Nayek	BIO-CH	EMISTRY		

- Select Samples to send
- Select checkboxes for samples of a patient to be sent
- Select Mark as Sent

5.3. Accept Sample

dag medics +		_ 0 <u>_ × </u>
S2.74.91.125/HMISTraining/UDesktop?mode=0	⊽ C 🛛 🔁 🗲 Google 🖉 🎝 🖨	• + ♠ =
General Hospital Laboratory	45 Pamela	🗢 🗢
New Workspace × +	Search	n 🔍
43 Samples Print sample ables, Record Sample collection, Track samples sent to external labs	Inventory Record opening stock, View stock levels and Manage stock expiry	
My Settings Set password for your login	Indents Raise Indents, Verw and modify Indents and Manage Indent Approvals	
	Default Inventory Medicine Recall	(2)
		1 Line 1
🚱 🖉 🖸 📜 🕑	O 18 M № B S € D ↑ S U	.all 4 10:31 PM 4/15/2015

- Select samples
- Select To Accept
- Select desired patient name from the list

the medics +				_ 0 _X
S2.74.91.125/HMISTraining/UDesktop?mode=0	⊽ C ^e Soogle		▶ ☆ 自	+ ☆ =
General Hospital Laboratory		45 P	amela 🕜	⇔ e
To Accept x			Search	Q
T		To Accept	Bulk Accept	Sample Browser
Search by: UHID -				
Sunil K Panda(350010002153), 30 yrs, Male, 8887776543				^
BIO-CHEMISTRY				
EDTA WHOLE BLOOD (EDTA000192) I Print labels				
Container: Lavender Top CBC				E
BLOOD (BL000118) Print labels				
Container: EDTA Tube(Purple) Fasting Blood Sugar				
SERUM (SR000073) 1 Print labels				
Container: Red Top Lipid Profile Test				
Select All Print Selected	Accept	Reject	Clear	se
🛞 🖉 🖸 🧮 🕘 🖤	U 🕈 🕅	o @ S 🗞	😻 🛱 🚺 ad	10:32 PM 4/15/2015

- Select samples to be accepted with help of check boxes
- Select Accept

5.4. Process Sample and Result Entry

	+	
		⋒
General Hospital BIO-CHEMISTRY 22 Lalitha	₽	G
Search Search		Q
Reports Reports Record Lab Results, Sign Results, Track External and Autoanalyser Results Record Lab Results, Sign Results, Track External and Autoanalyser Results Record Lab Results, Sign Results, Track External and Autoanalyser Results		
My Settings Set password for your login Patients Reports Patients Reports		
		80:36 PM

• Select Lab Results

Jubq	medics +	_							_ 0 <u>_ x</u>
(52.74.91.125/HMISTraining/UDesktop	p?mode=0			7	C ^d Google		▶ ☆ 自	+ ☆ ≡
State WEA	General Hospital	BIO-CHEMISTRY						Lalitha 김	¢ C
	To Enter	x +						Search	Q
1							To Enter	From Autoanalyser	Lab Results
s	earch by: UHID	•	Q						
	UHID	Name	Gender	Doctor Name	Source	Sample Acceptance Time	•		Â
	350010002153	Sunil K Panda	Male	Dr. Swati Garg		22:33			
	Sunil K Panda [3500100 Visit type: OP, Dr. Swati Garg	02153], 30 yrs, 🔿 🕇	Diagnos involven	sis: 100 Rheumatic fever witho nent	ut mention of heart				=
	Sample ID: SR000073	Co	llected on 15/04/201	5/04/2015 at 22:18 Collected by: Mr. Uday Na					
	Lipid Profile Test Procedure		ic colour test 🔹						
	DIFFERENTIAL COUNT		60 n	ng/dl		33-70			
	S. Triglycerides		110 n	ng/dl		40-160			-

- Select To Enter
- Select Desired Patient
- Enter the test results based on findings
- Select Save

5.5. Result Verification

• Select Lab Results

dag medics +		_ 0 X
S2.74.91.125/HMISTraining/UDesktop?mode=0	▼ C 🛛 🔂 - Google 🖉 🎝 🖨	+ ☆ =
General Hospital BIO-CHEMISTRY	🕛 17) sahil	¢ €
New Workspace × +	Search	Q
2 Lab Results Record Lab Results, Sign Results, Track External and Autoanalyser Results	15 Samples Print sample bables, Record Sample collection, Track samples sent to external labs	
My Settings Set password for your logn	Patient Orders Vew service orders for the patient, Cancel orders.	
	lab result	
🕘 🖉 🗵 📜 🜔 🖭 🕘	U 🗣 🕅 😒 🖉 谢 🕖 💷	10:43 PM 4/15/2015

- Select To Sign
- Select Desired Patient
- Verify the Test results and Sign

HMIS	× M FW: Training servers	por × +					-
117.239.160.11/HMISTr	aining/UDesktop?mode=0			⊽ ୯	Q. Search	☆自♣ 佘	9
General Hos	spital LABORATORY				34 Dr. Sambł	nu Sinha 김 🔾	¥
To Sign	x +					Search	
1						To Sign	Lab R
Search by: UHID	•	Q					
UHID	Name	Gender	Phone No.	Doctor Name	Collected By	Source	
350010002203	Anuj Khannaa	Male		Dr. Sonu Arora	Mr. Uday Nayek	OP	
350010002216	Bhuwan	Male		Dr. Ashwani Bhatnager	Mr. Uday Nayek	OP	
350010002230	Uma Parvati	Female	5287436190	Dr. Anita Soni	Mr. Uday Nayek	OP	
350010002151	Kanishka B Kumari	Male		Dr. Angela Dhingra	Mr. Uday Nayek	IP	
350010002247	Lakshmi Devi	Female		Dr. Sonu Arora	FNAC Collection counter	OP	
03001000060	Jayadev Gupta	Male		Dr. Amit Mohan	Mr. Uday Nayek	OP	
350010002259	Shiva Shambhu	Male		Dr. Ashwani Bhatnager	Mr. Uday Nayek	OP	
350010002269	Rani Ahuja	Female		Dr. Sonu Arora	FNAC Collection counter	OP	
350010002266	Radha	Female	9840152369	Dr. Sonu Arora	FNAC Collection counter	OP	
350010002258	Shakti Devi	Female	4578962130	Dr. Swati Garg	FNAC Collection counter	OP	
350010002257	Jagdish Prasad	Male		Dr. Ashwani Bhatnager	FNAC Collection counter	OP	

HMIS		g servers por × +					
117.239.160.11/HMIST	raining/UDesktop?mode=0				∀ C ^e Q. Search	☆自₩ ⋒	9
General Ho	spital LABORA	TORY			34 Dr. Samb	hu Sinha 김 引	¢-
To Sign	x +					Search	
						To Sign	Lab F
		Q					
earch by: UHID	-	_					
earch by: UHID JHID	• Name	Gender	Phone No.	Doctor Name	Collected By	Source	
		Gender Male	Phone No.	Doctor Name Dr. Sonu Arora	Collected By Mr. Uday Nayek	Source OP	
JHID 50010002203	Name Anuj Khannaa (350010002203], 2	Male	Phone No.				
JHID 550010002203 Anuj Khannaa [Name Anuj Khannaa (350010002203], 2 onu Arora	Male 23 yrs, Ø	Phone No. 15/04/2015 at 20:-	Dr. Sonu Arora			
JHID 50010002203 Anuj Khannaa [Visit type: OP, Dr. Sc	Name Anuj Khannaa 350010002203], 2 mu Arora 006	Male 23 yrs, Ø		Dr. Sonu Arora	Mr. Uday Nayek		
JHID 550010002203 Anuj Khannaa [Visit type: OP, Dr. So Sample ID: UR000	Name Anuj Khannaa 350010002203], 2 mu Arora 006	Male 23 yrs, Ø		Dr. Sonu Arora	Mr. Uday Nayek		
UHID ISO010002203 Anuj Khannaa [Visit type: OP, Dr. So Sample ID: UR000 Urine Culture a	Name Anuj Khannaa 350010002203], 2 nu Arora 006 und Sensitivity	Male 23 yrs, Ø		Dr. Sonu Arora	Mr. Uday Nayek		
UHID 450010002203 Anuj Khannaa [Visit type: OP, Dr. So Sample ID: UR000 Urine Culture a Isolates	Name Anuj Khannaa 350010002203], 2 nu Arora 006 und Sensitivity	Male 23 yrs, O ^r Collected or	15/04/2015 at 20:	Dr. Sonu Arora	Mr. Uday Nayek		
HID 50010002203 Anuj Khannaa [Visit type: OP, Dr. So Sample ID: UR000 Urine Culture a Isolates Organisms isolate	Name Anuj Khannaa 350010002203], 2 onu Arora 006 and Sensitivity ed	Male 23 yrs, O ^r Collected or	15/04/2015 at 20:	Dr. Sonu Arora 42	Mr. Uday Nayek		

• Report is made available for view and print for Lab Front Desk and Doctors

deq medics +		
S2.74.91.125/HMISTraining/UDesktop?mode=0	⊽ C ^e Soogle	▶ ☆ 自 ♣ 斋 ☰
General Hospital Laboratory		81) Lab Cashier 🔅 🧲
Ready Reports × Ready Reports × +		Search
₹		Search Reports Old Reports Ready Reports
Select Patient UHID Q		
By Date: Image: Order Date Report Date From 15/04/2015	To 15/04/2015	
🙆 🌔 🖸 😭 🚺 🖳 🕘	U 🕈 🖓 U	@ S 🔌 🕸 📴 🙆 all 4 10:50 PM 4/15/2015

6. Radiology

6.1. Place Radiology Orders

- Select New Bill
- Enter prescribed Tests
- Select Confirm
- Bill with Token number gets printed automatically

6.2. Queue Management and Execute

• Select Queue Management

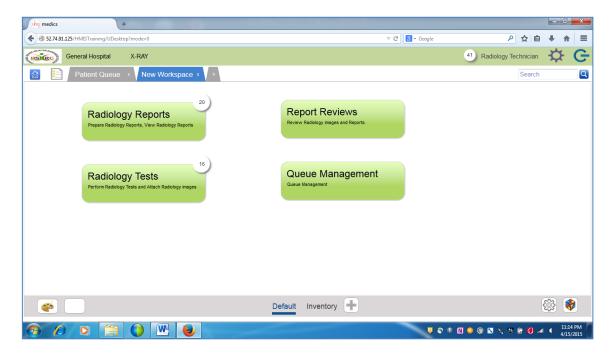
the medics +			
S2.74.91.125/HMISTraining/UDesktop?mode=0	⊽ (2	🛿 - Google 🛛 \land 🖨	+ ☆ =
General Hospital X-RAY		41 Radiology Technician	⇔ C-
Patient Queue x New Workspace x +		Search	Q
19 Radiology Reports Prepare Radiology Reports. View Radiology Reports	Report Reviews Review Radiology images and Reports		
17 Radiology Tests Perform Radiology Tests and Attach Radiology images	Queue Management Gueue Management		
	Default Inventory		
		U 🛇 🕸 🛛 O O S 🔌 🗷 🖗 🖉 u	11:07 PM 4/15/2015

- Select Token Number
- Select Call Patient

dag medics	+	-					x
52.74.91.125/HMISTrain	ing/UDesktop?mode=0			⊽ C ^e Soogle	▶ ♪ ♪ ♪	∔ ♠	≡
General Hospital	X-RAY				41 Radiology Technician	☆ (G
Patient Que	eue × New Worksp Emergency (0)	Dace x +	-		Search		Q ^
İ	IPD (0)		-				
İ	IPD (2)		- Next IPD1	IPD2			_
İ	IPD (1)		-				
İ	OPD (1)		Sunil K Panda , 30 Ye		7		E
İ	OPD (5)		350010002153 Waiting time: 6 Minute	Put on Hold	°D3		
İ	OPD (4)	2	- Next OPD2	OPD1	-		•
🤭 🖉 🖸 📜		6		U © 1	N 😔 @ 😒 🔌 🛱 💋 .a	11:08 P 4/15/20	M 015

- Select Patient Arrived
- Select Process
- Select Executing

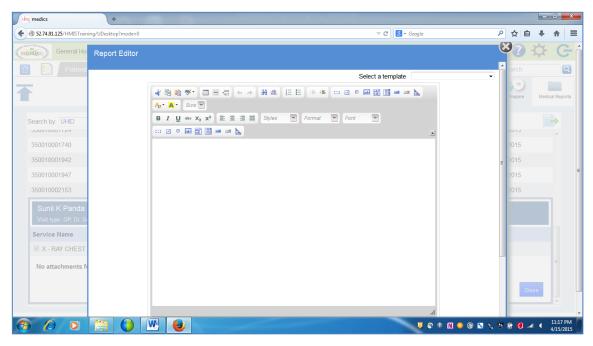
6.3. Prepare Reports



- Select Radiology reports
- Select To Prepare
- Select desired patient
- Select Prepare report

52.74.91.125/HMISTrainir	ng/UDesktop?mode=0				⊤ C 🛛 🗧 🕶 Google		▶ ☆ 自	∔ ♠
General Hos	pital X-RAY					41 Radiology Tec	hnician 🕜	₽
Patient 0	Queue × To Prepare	x +					Search	
						A Radiology Abnorn	m To Prepare	Medical
Search by: UHID		2						
330010001124	Пајсон Литтан	01.04	01104/1030		DI. SIEya Divakai	01	00/04/2013	
350010001740	Ashfaq Khan	OPD6	12/10/1985		Dr.Parveen Joshi	OP	08/04/2015	
350010001942	Afzal Sheikh	OPD1	12/10/1986	9874561230	Dr. Swati Garg	OP	10/04/2015	
350010001947	Baba Khan	OPD1	12/12/1999		Dr. Swati Garg	OP	10/04/2015	
350010002153	Sunil K Panda	OPD1	01/04/1985	8887776543	Dr. Swati Garg	OP	15/04/2015	
Visit type: OP, Dr. Swa	350010002153], 30 yrs, J		gnosis: 100 Rheumatic olvement	fever without mention of heart				
Service Name								
X - RAY CHEST A	AP VIEW							
No attachments fo	und					Redo Prepare	e Report	ose

- Select a desired template
- Enter obserbvations
- Select Save
- Report gets printed automatically on Save



7. Pharmacy

7.1.	OP Pharmacy	Prescription	Entry a	nd Dispensing
------	--------------------	--------------	---------	---------------

deq medics +				الكاراك	
S2.74.91.125/HMISTraining/UDesktop?mode=0			⊽ C ^e Soogle	▶ 2 合 自 🖡 1	⋒
General Hospital PHARMACY				597 Mr. Ragu Roy	G
New Workspace × +				Search	Q
ISSUES Issue to patient, View and Track Issues	46	Issue Returns Record Issue Returns, View and Modify Issue	ve Returns		E E
Medication Dispense Medication Dispensing View Dispenses, Fill and depence Prescriptions	196	Inventory Record opening stock, View stock levels and stock expiry	4 d Manage		Е
Consumptions Record consumption of drugs & materials, View consumption		Medication Return Record Medication Return, View Medication R	Returns		
	13				
۷	Default Config	Inventory Medicine Recall	default 🕂		
📀 🖉 o 📋 💽 🕑			V © † 🖸		1:27 PM 15/2015

• Select Medication Dispense

0 52.74.91.125/HMISTraining/UDe	sktop?mode=0				⊽ C ⁱ S∼ Google	م	☆自	↓ 1
General Hospital	PHARMACY					599 Mr. Ragu F	Roy 🕐	₽
Medicine Dispensing ×	t +						Search	
						Medicine Dispenses	Last	Medicine
Search Patient	Prescription Dispe	nse Medicines						
Sunil K Panda, 30 yrs, Male, 3	50010002153 Phone :	8887776543	Dr. Swati Garg	(GENERAL MEDICINE	Ξ)			
Prescription								
Enter code or name of the m	nedicine							
Existing Prescriptions								
Existing Prescriptions		Dosage	Frequency	Duration	Instructions	Prescribed by		

- Select Medicine Dispensing
- Search patient
- Enter prescribed medicines and dosage and frequency
- Select Save and Continue

General Hospital PH/	+									Search	
									Hedicine Dispenses	Last	Medici
Dispense Medicines											
Medicine Name		Batch No.		Expiry	Stock	Prescribed Qty.	Pending Qty.	lssue Qty.	иом	Amou (IN	
ACYCLOVIR TAB 400MG	ß	BATCH1	•	12/2019	91	5	5	5	No	8.	.20
PARACETAMOL TAB 500MG	•	125436	-	12/2018	54	20	20	20	No	31.	80
No. of items : 2										Total: 40.	.00
Payment Details											
Payment mode Cash]							Paid Amount	(INR)	40.00	
Print Prescription											

- Select Print Prescription
- Select Save
- Bill gets printed automatically

8. Admission & Discharge

8.1. Direct Admissions

• Select Amissions Tab

dig medics x +				- 🗇 🗙
S2.74.91.125/HMISTraining/UDesktop?mode=0	⊽ ୯	Q. Search	☆ 自 🔸	A < ≡
General Hospital Admission Desk			212 16 Sheetal Singh	⇔ G
Admit Patients × New Workspace × +			Search	Q
Admissions Record Inpallent Admission, Day Care Admissions and Emergency Admissions	Death Management	ider		
16 Patient Followups Follow up with patients for sample collections, vaccinations, follow-up consultations	Emergency Admissions	5		
Admission Request				
	Default			

• Search the desired patient with UHID or with other criteria in advanced search options

ſď	9 medics	× +						- 0 ×
•		Training/UDesktop?mode=0			∀ C ^e Q, Search		☆自♣	↑
Sur H	General	Hospital Admission Desk				<mark>212</mark> 16) :	Sheetal Singh	¢ C
1	🗄 📄 Adn	nit Patients × +					Search	Q
1	7						IP Admission	Admit Patients
	UHID	Patient Name	Phone	Reason for Admission		Admission date		
	350010000367	Ramesh Verma	9620206440	LAP CHOLECYST		20/04/2015		
_								

- Check cash collected
- Select check boxes for Print label, Print Wrist Tag and Print Attendant Pass

dag medics +			2125		_ 0 <mark>_ X</mark>
S2.74.91.125/HMISTraining/UDesktop?mode=0			⊽ C ⁱ Soogle	ዖ 🕁 🛛	≜ + ♠ ≡
General Hospital Admission Desk				211 16 Sheetal Singl	⊳ ☆ C-
IP Admission [Sunil Panda 3500100021 x +				Searc	ch 🔍
T				IP Admis	sion Admit Patients
IP Admission					
Sunil K Panda, 30 yrs, Male, 350010002153		Phone : 8887776543	Patient Category : General	20	3
Visit Details					
Speciality	GENERAL MEDICINE	*			=
Doctors	Dr. Swati Garg 👻	Team	Gen - 1		
Reason for admission	FEVER	*	0		
Admitting Diagnosis	B50 Plasmodium falciparun		Q		
Ward	GENERAL MEDICINE WARD	*			
Attender's Phone	99988877766				
				Admission Fees (INR)	10.00
Print Label Print Wris	st Tag	Print Attendant Pass		Sa	ave Close
📀 🖉 D 🚞 🚺 🖳			V © † 1	N 😳 @ 💫 🔌 🗷 🛱 💋	.atl 4 11:41 PM 4/15/2015

8.2. Quick Discharge:-

Click on the patient details/search the patient, the patient detail get highlighted and the option of **"quick discharge"** comes up there.

T3 Documents	s for 5/5 Go × 🛞 HMIS	×	F Contraction	and the strength of the strength of the				
🔄 🌶 🛞 117239160.11/HMISTraining/UDesktop?mode=0 🔍 C 🔍 Search 👚 🖌 🧐 🚍								
General Hospital GENERAL MEDICINE OPD								
E IP Admission × View Inpatients × + Search Q								
Filter Criteria								
Visit Status:	 Marked For Discharge Current IP Discharged In Patient without assign 	E	lursing Station Bed Type dmission Date		•	ient UHID/Name ws per Page 20	Search	
			rom				View Clear Export	
Record(s) 1 - 20 d	of 28	1	0					
	of 28 Patient	Ward	Bed	Admitting Doctor	Admit Date	Status	Next	
UHID		Ward NEW SURGERY			Admit Date 15/04/2015	Status In Transit	Next	
UHID 350010002149	Patient	Ward	Bed	Admitting Doctor			Next Quick Discharg	
UHID 850010002149 850010002232	Patient Periyar K	Ward NEW SURGERY WARD NEW SURGERY	Bed 231	Admitting Doctor Dr. Angela Dhingra	15/04/2015	In Transit		
UHID 350010002149 350010002232 350010002200	Patient Periyar K Parnita Singh	Ward NEW SURGERY WARD NEW SURGERY WARD	Bed 231 232	Admitting Doctor Dr. Angela Dhingra Dr. Sanjeev Trehan	15/04/2015 15/04/2015	In Transit In Transit		
UHID 350010002149 350010002232 350010002200 350010002255	Patient Periyar K Parnita Singh Bhuwan K	Ward NEW SURGERY WARD NEW SURGERY WARD MEDICAL WARD	Bed 231 232 305	Admitting Doctor Dr. Angela Dhingra Dr. Sanjeev Trehan Dr. Angela Dhingra	15/04/2015 15/04/2015 15/04/2015	In Transit In Transit Arrived		
UHID 350010002149 350010002232 350010002200 350010002255 350010002252	Patient Periyar K Parnita Singh Bhuwan K Hare Krishna	Ward NEW SURGERY WARD NEW SURGERY WARD MEDICAL WARD MEDICAL WARD	Bed 231 232 305 291	Admitting Doctor Dr. Angela Dhingra Dr. Sanjeev Trehan Dr. Angela Dhingra Dr. Swati Garg	15/04/2015 15/04/2015 15/04/2015 16/04/2015	In Transit In Transit Arrived In Transit Arrived Ready for		
UHID 350010002149 350010002232 350010002200 350010002252 350010002252 350010002198	Patient Periyar K Parnita Singh Bhuwan K Hare Krishna Vijay Kulkarni	Ward NEW SURGERY WARD NEW SURGERY WARD MEDICAL WARD MEDICAL WARD PRIVATE WARD	Bed 231 232 305 291 25	Admitting Doctor Dr. Angela Dhingra Dr. Sanjeev Trehan Dr. Angela Dhingra Dr. Swati Garg Dr. Neera Gupta	15/04/2015 15/04/2015 15/04/2015 16/04/2015 16/04/2015	In Transit In Transit Arrived In Transit Arrived		
Record(s) 1 - 20 o UHD 350010002149 350010002230 350010002230 350010002250 350010002250 350010002198 350010002376	Patient Periyar K Parnita Singh Bhuwan K Hare Krishna Vijay Kulkarni Rahul B Sharma	Ward NEW SURGERY WARD NEW SURGERY WARD MEDICAL WARD MEDICAL WARD PRIVATE WARD SURGERY WARD	Bed 231 232 305 291 25 177	Admitting Doctor Dr. Angela Dhingra Dr. Sanjeev Trehan Dr. Angela Dhingra Dr. Angela Dhingra Dr. Swati Garg Dr. Neera Gupta Dr. Ashwani Bhatnager	15/04/2015 15/04/2015 15/04/2015 16/04/2015 16/04/2015 15/04/2015	In Transit In Transit Arrived In Transit Arrived Ready for discharge		

Click on Quick Discharge The screen will come as following:-

M T3 Document	ts for 5/5 Go × 🛞 HMIS	×	+				_ 0 <mark>_</mark> X
♦ 117.2	239.160.11/HMISTraining/UDesktop?	mode=0				⊽ C Q Search	^ 4 9 Ξ
(HBIRC) G	eneral Hospital GENER	RAL MEDICINE OPD					56 Sheetal Singh 🔅 🧲
E IP A	dmission 🛛 🛛 View Inpa	atients × +					Search
Filter Criteria							Â
Visit Status:	 Marked For Discharge Current IP Discharged In Patient without assign 	ed Bed	Nursing Station Bed Type Admission Date			Patient UHID/Name	Search
Record(s) 1 - 20	of 27		From To			_	View Clear Export
UHID	Patient	Ward	Bed	Patient is discharged		Status	Next
350010002149	Periyar K	NEW SURGERY WARD	231	Dr. Angela Dhingra	15/04/2015	In Transit	Quick Discharge
350010002200	Bhuwan K	MEDICAL WARD	305	Dr. Angela Dhingra	15/04/2015	Arrived	
350010002255	Hare Krishna	MEDICAL WARD	291	Dr. Swati Garg	16/04/2015	In Transit	
350010002252	Vijay Kulkarni	PRIVATE WARD	25	Dr. Neera Gupta	16/04/2015	Arrived	
350010002198	Rahul B Sharma	SURGERY WARD	177	Dr. Ashwani Bhatnager	15/04/2015	Ready for discharge	
350010001895	Mohit Kumar	PRIVATE WARD	-	Dr. Angela Dhingra	16/04/2015	Arrived	
350010002376	Pankaj Raj	MEDICAL WARD	-	Dr. Ashwani Bhatnager	20/04/2015	Arrived	
350010002197	Vandesh Sharma	MEDICAL WARD	-	Dr. Angela Dhingra	15/04/2015	In Transit	
250040000040	Dellavi D Kumari			Dr. Ashwani Dhatnasar	45/04/2045	In Transit	-
🚱 🥭			🛷 🔳	Carlos Marca	Rust	All Martin Cont	▲ 📭 🗊 🕪 8:53 PM 4/20/2015

TRAINING SESSION/ CAPACITY BUILDING FOR THE END USER

The most important part of implementing HIS is to train the end users in using the modules. The end users in GH basically comprises of nurses, laboratory technician, Pharmacist, Paramedical staff and other clinical staff. There are 60 staff nurses in GH. In that interview were conducted on 20 nurses and 6 pharmacist, 3 store staff. It was essentially taken into Consideration to plan training in a proper and feasible manner to ensure satisfactory result.

(a) TRAINING OBJECTIVE

Training is required in order to prepare the end users to be compatible and comfortable in using the product developed in the most effective way so that it is accessible by the staff in the full fledged way. Important issues can be discovered to help improve the overall acceptance of the system and usability. It involves delivering learning in regard to product usage and management depending upon the need of different kinds of users.

(b) IDENTIFICATION AND ASSESSMENT OF TRAINING NEEDS

- Identify and document the skills required for each job description.
- Address overall current skill specific training issues.
- Perform a gap analysis to determine where training is needed
- Identify people who have high potential and provide them specialized training opportunities.
- Ensure that resources are allocated and timelines are decided

(c) BASIC REQUIRMENTS

All GH staff that needs to be trained for different modules should have-

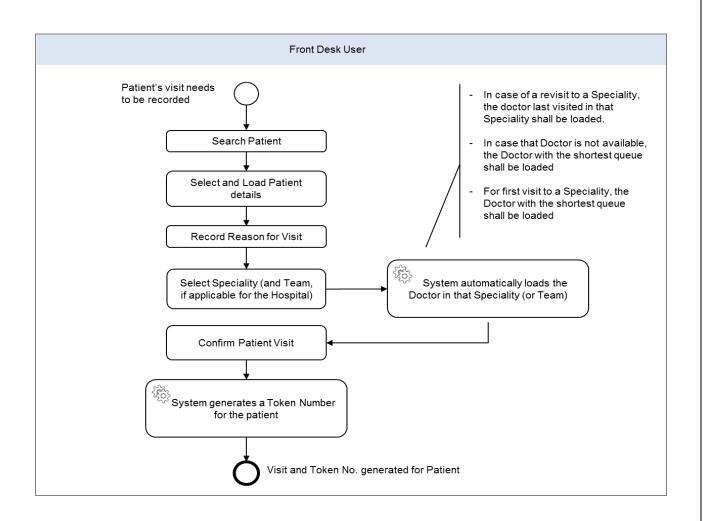
- Basic computing skills
- Working knowledge of English language
- Approval from GH administration for this training
- To get the information of shift timings of all the users according to that training sessions should be designed.
- Training practices for both the clinical and nonclinical staff were planned out
- Training programme documentation was review to provide training in a standard format
- The organization reviewed and commented on the training format and necessary changes were made.

PLAN OF TRAINING

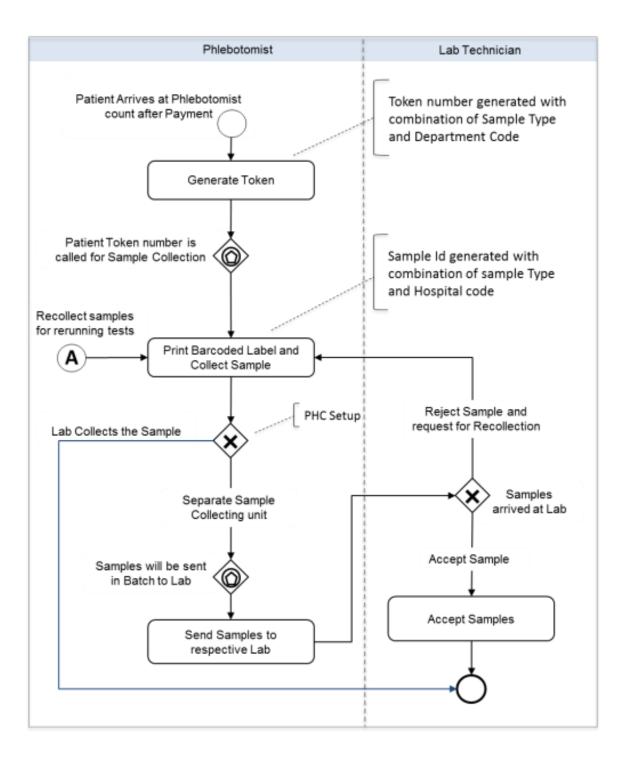
А	В	С	D	E	F
		Room 1 (2nd Fl	oor besides SNCU ward)		Resources
	1.1	1.2	1.3	1.4	
Batches with Timings	(9:00 a.m 11:00 a.m.)	(11:00 p.m 1:00 p.m.)	(1:30 p.m 3:30 p.m.)	(3:30 p.m 5:30 p.m.)	
Ū		Radiology with PACS			
	ADT	01	Registration + ADT	Registration + ADT	Dr. Ankit, Amit, Sunil, Afshin,
Week 1 (21 Apr - 25 Apr)	122905 79 22 300 300 300 300		1996	A DESCRIPTION OF A DESC	Dherya
			(·		
	Emergency Registration		Registration + ADT		Dr. Ankit, Amit, Sunil, Afshin,
Wook 2/27 Apr. 1 May)	- · ·				Dherya
WEEK 2 (2/ Api - 1 Widy)	(En Nuises 5)	Naciologist 0-77	(10 computer operators of	Naciologist 0-77	Dilerya
		De sus 2 (EA)			Deserves
	24	1		24	Resources
	Alexander Statements and	AND THE PARTY STATES	\$000007878 (CALORED) (18	Laboration States 25435	
Batches with Timings	10		(1:30 p.m 3:30 p.m.)	(3:30 p.m 5:30 p.m.)	
		Q			
		Pathologist and			Pankaj, Aman, Sandeep, Ruchi,
Week 1 (21 Apr - 25 Apr)	Microbiologist 6-7)	Microbiologist 6-7)	Buffer	(Phamacist 6-7)	Mudita
		Laboratory			
		(Lab Technicians,	Laboratory	Laboratory	
		Pathologist and	(Lab Technicians, Pathologist	(Lab Technicians, Pathologist	Pankaj, Aman, Sandeep, Ruchi,
Week 2 (27 Apr - 1 May)	Buffer	Microbiologist 6-7)	and Microbiologist 6-7)	and Microbiologist 6-7)	Mudita
			(77) (70)		
		Room 3 (4th Floor besides N	/IRD)	Resources	
	3.1	3.2	3.3		
Batches with Timings					
Butches with Things		(10:00 unit: 12:00 pinit)	(12:00 pinit 2:00 pinit)	0	
		OPD Pharmacy	OPD Pharmacy		
		CALLER CONTRACTOR CONTRACTOR CONTRACTOR	The second second second second second second second second second second second second second second second se	Dovondor Dr Nitin Dovrai	
Week 1 (21 Apr. 25 Apr)			A. (1) (2)	21 (2) (2)	
10. 1955 1955 1956 196 196 196 196 196 196 196 196 196 19				Deepti	-
week 2 (27 Apr - 1 Way)	Buffer	Buller	Buller		
ý			Resources		
	257	3.5			
Batches with Timings	(2:00 p.m 4:00 p.m.)	(4:00 p.m 6:00 p.m.)			
batches with minings					
batches with finnings			Dr. Shivani, Dr. Arshpreet, Dr.		
Batches with Hinnigs			Dr. Shivani, Dr. Arshpreet, Dr. Nidhi, Manohar, Sapna,		
21 Apr - 22 Apr	LR Registration	OPD Doctors			
		OPD Doctors	Nidhi, Manohar, Sapna,		
		OPD Doctors	Nidhi, Manohar, Sapna, Shivang		
21 Apr - 22 Apr		OPD Doctors	Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr. Nidhi, Manohar, Sapna,		
	LR Registration		Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr.		
21 Apr - 22 Apr	LR Registration		Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr. Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr.		
21 Apr - 22 Apr 23 Apr - 24 Apr	LR Registration	OPD Doctors	Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr. Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr. Nidhi, Manohar, Sapna,		
21 Apr - 22 Apr	LR Registration		Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr. Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr. Nidhi, Manohar, Sapna, Shivang		
21 Apr - 22 Apr 23 Apr - 24 Apr	LR Registration	OPD Doctors	Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr. Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr. Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr.		
21 Apr - 22 Apr 23 Apr - 24 Apr	LR Registration	OPD Doctors	Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr. Nidhi, Manohar, Sapna, Shivang Dr. Shivani, Dr. Arshpreet, Dr. Nidhi, Manohar, Sapna, Shivang		
	Week 1 (21 Apr - 25 Apr) Week 2 (27 Apr - 1 May) Batches with Timings Week 1 (21 Apr - 25 Apr)	Batches with Timings (9:00 a.m 11:00 a.m.) ADT (ADT (Admission Staff all) Emergency Registration (ER Nurses 5) Emergency Registration (ER Nurses 5) 200 200 200 200 200 200 200 20	1.11.2Batches with Timings(9:00 a.m 11:00 a.m.)(11:00 p.m 1:00 p.m.)ADTRadiology with PACSADT(Radiographers andWeek 1 (21 Apr - 25 Apr)(Admission Staff all)Radiology with PACSWeek 2 (27 Apr - 1 May)(ER Nurses 5)Radiologist 6-7)Week 2 (27 Apr - 1 May)(ER Nurses 5)Radiologist 6-7)Week 2 (27 Apr - 1 May)(ER Nurses 5)Radiologist 6-7)Batches with Timings9:00 a.m 11:00 a.m.)(11:00 p.m 1:00 p.m.)LaboratoryLaboratoryLaboratory(Lab Technicians, Pathologist andPathologist 6-7)Week 1 (21 Apr - 25 Apr)Microbiologist 6-7)Week 2 (27 Apr - 1 May)BufferMicrobiologist 6-7)Week 2 (27 Apr - 1 May)BufferNicrobiologist 6-7)Batches with Timings3.13.2Week 2 (27 Apr - 1 May)BufferNicrobiologist 6-7)Week 2 (27 Apr - 1 May)BufferNicrobiologist 6-7)Week 1 (21 Apr - 25 Apr)(Dispencing and (Dispencing and (Dispencing and (Dispencing and Indenting)OPD Pharmacy (Dispencing and Indenting)Week 1 (21 Apr - 25 Apr)(Phamacist 6-7)(Phamacist 6-7)Week 1 (21 Apr - 25 Apr)(Phamacist 6-7)(Phamacist 6-7)Week 2 (27 Apr - 1 May)BufferBufferBufferBufferBuffer	Batches with Timings (9:00 a.m 11:00 a.m.) (11:00 p.m 1:00 p.m.) (13:0 p.m 3:30 p.m.) Week 1 (21 Apr - 25 Apr) (Admission Staff all) Radiologist 6-7) (FO Computer Operators 5) Radiology with PACS (Radiology with PACS (FO Computer Operators 5) Radiology with PACS (FO Computer Operators 5) Radiology with PACS (FO Computer Operators 5) Radiology with PACS (FO Computer Operators 5) Week 2 (27 Apr - 1 May) (ER Nurses 5) Radiologist 6-7) (FO Computer Operators 5) Batches with Timings (9:00 a.m 11:00 a.m.) (11:00 p.m 1:00 p.m.) (13:0 p.m 3:30 p.m.) Laboratory Laboratory Laboratory (13:0 p.m 3:30 p.m.) Laboratory Laboratory (Lab Technicians, Pathologist and Pathologist and Pathologist 6-7) Buffer Week 1 (21 Apr - 25 Apr) Microbiologist 6-7) Microbiologist 6-7) Buffer Microbiologist 6-7) Microbiologist 6-7) Laboratory Laboratory (Lab Technicians, Pathologist and Microbiologist 6-7) (Lab Technicians, Pathologist 6-7) Laboratory Week 2 (27 Apr - 1 May) Buffer Microbiologist 6-7) (Lab Technicians, Pathologist 6-7)	1.1 1.2 1.3 1.4 Batches with Timings (9:00 a.m 11:00 a.m.) (11:00 p.m 1:00 p.m.) (13:0 p.m 3:30 p.m.) (3:30 p.m 5:30 p.m.) Week 1 (21 Apr - 25 Apr) (Admission Staff all) Radiology with PACS Registration + ADT (FO Computer Operators 5) Rediology with PACS Emergency Registration (ER Nurses 5) Radiology for PACS Registration + ADT (FO Computer Operators 5) Radiology with PACS Emergency Registration (ER Nurses 5) Radiology for PACS Registration + ADT (Radiographers and Radiologist 6-7) (FO Computer Operators 5) Radiology with PACS Batches with Timings (2.1 2.2 2.3 2.4 (aboratory (Laboratory (Laboratory (Laboratory (Bators, Pathologist and OPD Pharmacy (Laboratory (Laboratory (Laboratory Laboratory (Laboratory Laboratory (Laboratory (Laboratory Laboratory Laboratory Laboratory (Laboratory (Laboratory Laboratory Laboratory (Laboratory (Laboratory Laboratory Laboratory (Laboratory (Laboratory Laboratory Laboratory (Laboratory (Dispencing and Indenting) Microbiologist 6-7) Resources

Flow Chart

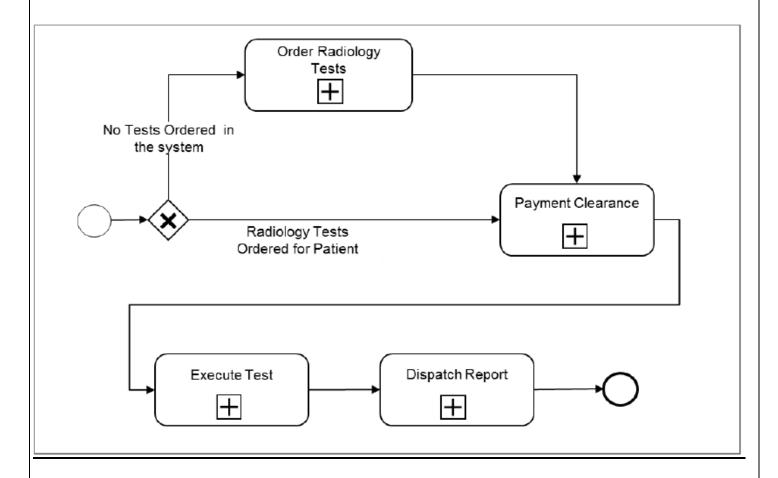
REGISTRATION FLOWCHART



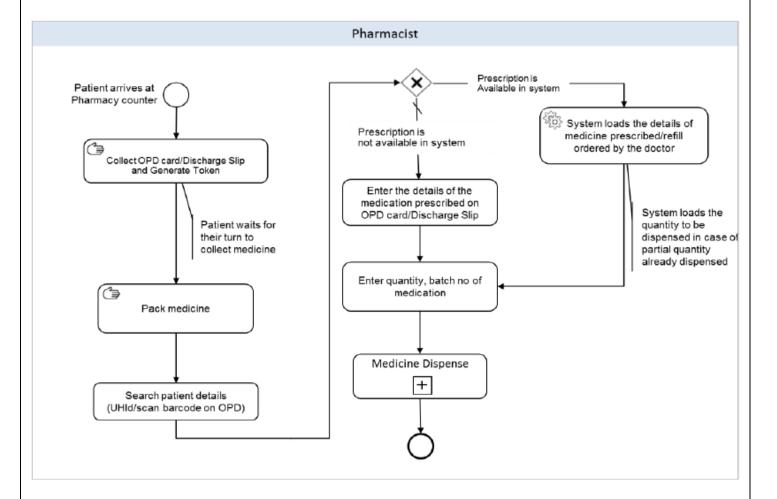
LABORATORY FLOWCHART







PHARMACY FLOWCHART



Objective

- 1. To access the current knowledge of hospital staff about computer.
- 2. Good training should be provided to the Medical or Paramedical staff.

Methodology

I have taken two groups for end User training as part of change management group A and group B and for the study the involvement of Team A and Team B in change process training, Study the impact of training on end users they trained by Skilled or semiskilled teams.

Study type:

Comparative study was conducted in the departments of General Hospital, Panchkula. The method employed in this study was sample survey. The samples were drawn through the technique of simple random sampling. The sample of interest of this study is users of IS and people involved in the system developed process. I have chosen these respondents because they have basic knowledge of computer.

Study Setting:

General Hospital Panchkula, Haryana.

Sample size:

The sample size undertaking for this study was 100 staff member from hospital. The sample was divided into two groups of each. Out of 50 staff members 20 are staff nurse, 5 from lab, 7 pharmacist, 5 doctors, 3 from main store and 10 front desk users.

Study Tool:

Data were generated directly from the respondents through the questions.

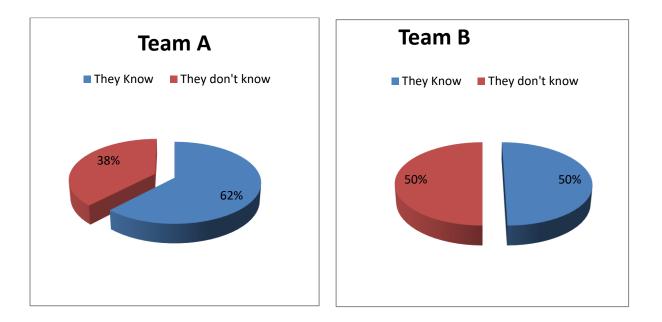
Analysis technique:

Analysis done through MS Excel for calculation.

Observation

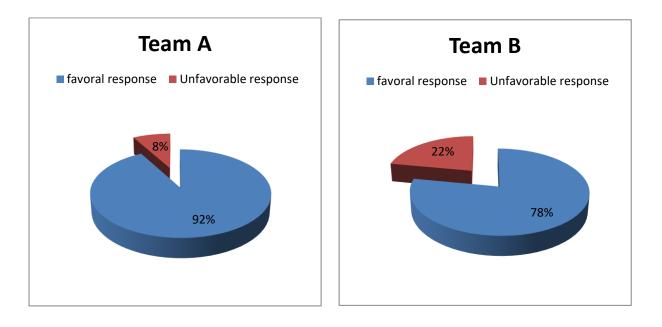
Findings done through the questioners, Questionnaires asked after go-live to the end user.

1. Do you know what is HMIS?



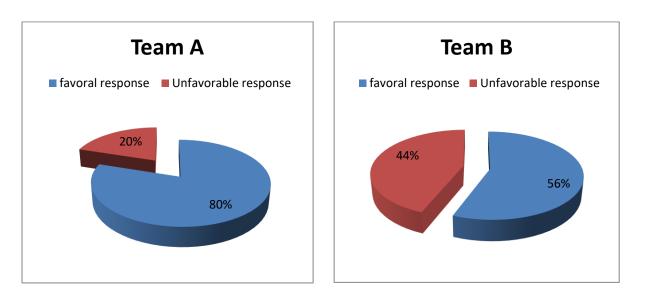
End user they trained by team A result is 62% which is 12% more then End user trained trained by team B and team B 50% positive result.

2. Do you understand how the new system will impact your daily work?



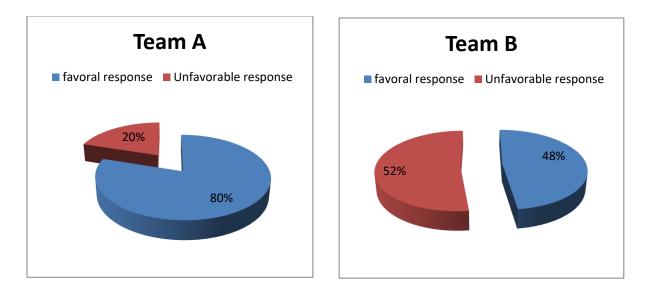
92% end users know how HMIS implementation impact there daily work they trained by team A and give them go-live support that is more then end users trained by team B, team A more productive 14% then team B productivity.

3. I have the skills and knowledge to effectively complete my tasks following the Go-live.



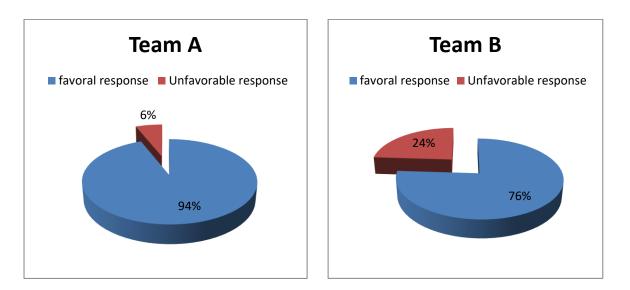
80% end users are confident they have been trained by team A and only 56% end users confident they have been trained by team B, difference of performance of team A and team B is 24%.

4. I feel ready to go live with the new system.



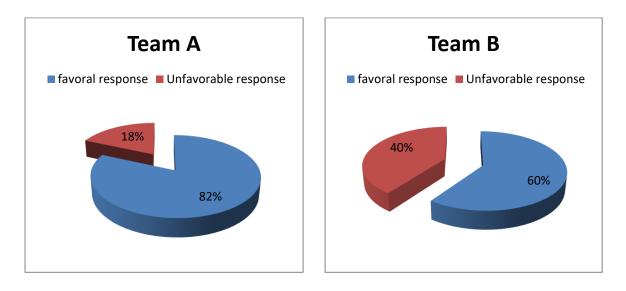
80% end users ready to use HMIS system of team A and team B's end users not ready to use more then 50% .

5. I feel that the new system will work for me.



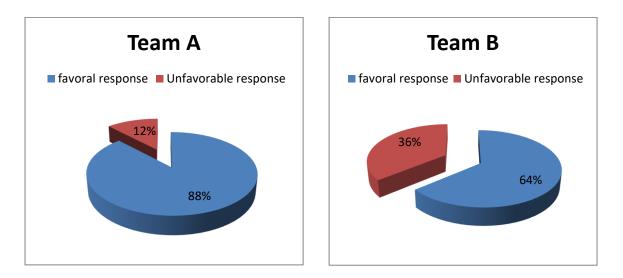
94% users agree that system will work for them of team A and only 67% users agree that system will work for them, difference is 18%.

6. I have sufficient information about the project.



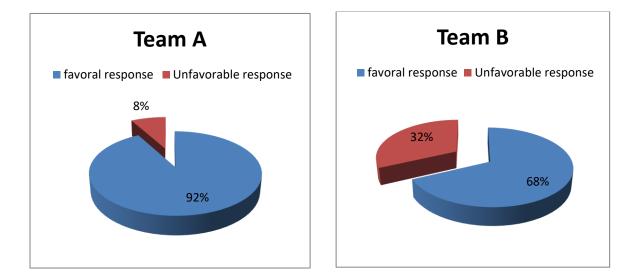
82% users know about the project of Haryana HMIS they trained by A and 60% users know the project.

7. My work becomes easy through the system.



88% users accept becomes easy their work through the system they trained by team A and 64% users trained by team accept that system will easy their work.

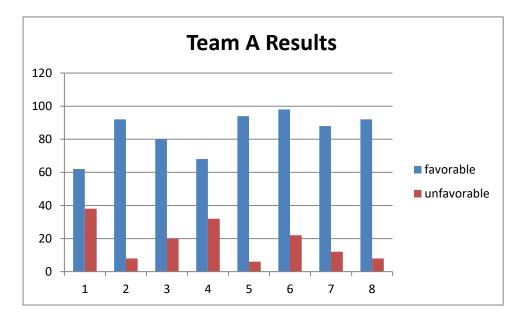
8. System easy to understand.



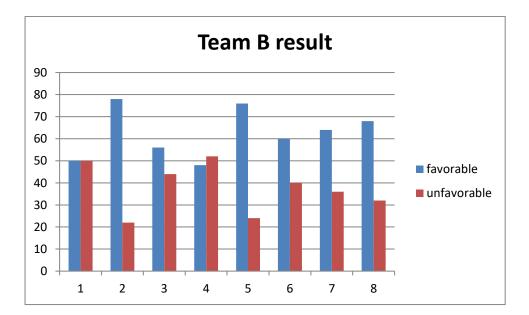
End user trained by team A said that system easy to understand an another site only 64% end users agree that system easy to understand the difference is 24% in both results.

Findings of Team A and Team B:

Team A performance shown in the figure. They have overall good results for change from the end users and meet their expectation to make system adaptable to the end user.



Team B Performance shown in figure. they have overall average result for change from end uses and they didn't get good results from the end users to use the systems and make them understand the change and make them understand to use the systems.



T-Tes	st
--------------	----

Favorable response of Team A	Favorable response of Team B
31	25
46	39
40	28
34	24
47	38
49	30
44	32
46	34

Data Summary							
	Α	В	Total				
n	8	8	16				
ΣX	337	250	587				
$\sum X^2$	14495	8030	22525				
Mean	42.125	31.25	36.6875				

$$t = \frac{\overline{X}_1 - \overline{X}_2}{\sqrt{\left(\frac{(N_1 - 1)s_1^2 + (N_2 - 1)s_2^2}{N_1 + N_2 - 2}\right)\left(\frac{1}{N_1} + \frac{1}{N_2}\right)}}$$

Mean A - Mean B t df

10.875	+3.58	14
--------	-------	----

$t(14) = +3.58, \ p > 0.05$

t-Test Assuming Unequal Sample Variances [Applicable only to independent samples.]

Mean _a —Mean _b	t	df
10.875	3.58	13.66

The obtained value of 3.58 exceeds the cutoff of 3.326 shown on the table at the 0.002 level. Therefore, p > .05. In a report the result is shown as t(14) = +3.58, p > .05.

Associated with the *t-ratio*, indicates the direction of the difference between the means (Group A had a higher mean than Group B).

Discussion

During the planning phase of the project, Team A demonstrated strong executive support and involvement in the project as a whole, and specifically the change management activities. Teams executive closely partnered with the change management team, discussing various change management ideas and concepts; tailoring tools and activities to better meet the needs of the team; and consistently participating in change management events and activities.

Another clear example of this executive's support was there willingness to champion dress rehearsal activities. She conducted a careful review of the planned activities to ensure they were appropriate for each area, and required participation for all end users. The simulations depended on various roles working together to complete real-life tasks, and required a significant time investment. Some locations temporarily closed during dress rehearsals to ensure staff had adequate time and attention to devote to practicing and mastering the new skills required for the implementation. Feedback from Team A leader specified the Change Network and dress rehearsals were keys to the successful Go-live for their team. They increased end user engagement and helped keep end users informed by spreading key project messages. She also indicated the peer-to-peer communication was especially helpful in ensuring important messages were received and understood by end users. The visible sponsorship and participation of the executive sponsor enabled success of the activities by ensuring that leaders and end users understood the importance of managing change as well as their role in it.

Team B implemented the new system in parallel During the planning phase, leaders of Team B were involved in the project at a high level, and their degree of sponsorship and support of change management was less visible to end users. Though the leaders agreed to engage in the same change management activities employed with team B, they demonstrated less active support of the activities to the end users. The leaders complied with general requests, such as providing lists of users to participate in activities; however, few leaders reached out to the selected end users to show their support and encouragement, or participated in the various end user engagement meetings to demonstrate sponsorship. Throughout the phases of the project, Team B's end user participation in Change Management activities steadily decreased.

Though leadership from Team A publicly advocated the necessity of dress rehearsals, most areas in Team B failed to engage in the dress rehearsal process.

Conclusion

The primary purpose of this study is identifying the gap in support and training of end user. How get a good level of acceptance and awareness of HIS implementation, the level of acceptance and awareness should be high in hospital staff through skilled and well prepared implementation team they train the medical and paramedical staff. Well trained and prepared team required to make hospital staff understand about the benefits of use the system, while for the behavior aspect of use which influence benefits of use HMIS and change management activities less performed by team B necessary for implementation. Change management activities should be necessary for implementation.

Suggestions:

1. Team B didn't explain and aware the hospital staff about the HMIS.

2. Benefits of HMIS should be well explained to the superintendent of hospital and staff of hospital.

3. Implementation team should be pre prepared for training for HIS and should be aware about problems through the dry run.

4. Medical or paramedical staff should be trained on basic computer training before training of HMIS.

5. participation in change management activity must be done for implementation.

REFERENCES

- Aggelidis, V. P. & Chatzoglou, P. D. (2008), "Methods for evaluating hospital information systems: a literature review," EuroMed Journal of Business, 3 (1), 99-118.
- Bahri, S. (2009), "Managing the implementation of an innovative technology in a hospital: a case study," Journal of Systems and Information Technology, 11 (3), 269-285.
- Ann-Christine Falth & Jennie Lundin, **The Change Management**, First Edition, Avdelning, Institution.
- JOHN W. MCCORMACK, **HMIS Project Management**, McCormack Graduate School of Policy Studies.
- SAP Netweaver, Hospital Management & Information System, 2006 Edition, Quintegra Solutions.