A Study on the Implementation and Efficiency of Hospital Information Systems (HIS)

SARAVANAN V., B.COM (CA).,

MBA (Systems & operations) Student., Reg No: 43410383

School of Management Studies,

Sathyabama Institute of Science and Technology, Chennai, Tamil Nadu, India.

DR. K. SASIREKHA B.Sc., B.Ed., MBA., PhD

Assistant Professor.

School of Management Studies,

Sathyabama Institute of Science and Technology, Chennai, Tamil Nadu, India.

ABSTRACT

This article explores the implementation and operational efficiency of the Hospital Information System (HIS) at Sri Ram Hospital, Tamil Nadu. HIS plays a critical role in digitizing medical records, improving patient care, and streamlining hospital administration. The study evaluates HIS effectiveness based on staff feedback, system performance, and healthcare outcomes. Data collected through surveys, observations, and interviews revealed increased data accuracy, reduced manual errors, and improved workflow efficiency. However, areas like staff training and technical stability need enhancement. The study supports continuous HIS evaluation to maximize benefits in healthcare institutions.

Keywords: Hospital Information System (HIS), healthcare IT, digital transformation, patient care, workflow efficiency, data management, administrative processes, staff adaptability, technical challenges, training adequacy, error reduction, interdepartmental coordination, descriptive statistics, Chi-square test, percentage analysis, operational efficiency, regulatory compliance, healthcare modernization, system implementation.

INTRODUCTION

Hospital Information Systems (HIS) have emerged as a backbone for modern healthcare delivery. HIS integrates various hospital operations—clinical, financial, and administrative—into a centralized system. This technological advancement supports efficient patient management, real-time data sharing, and informed decision-making. The implementation at Sri Ram Hospital represents a transformative shift from manual to digital processes, aiming to improve operational efficiency and patient safety.

OBJECTIVES OF THE STUDY

Primary Objective: To assess the effectiveness and efficiency of HIS in hospital operations.

- Secondary Objectives:
- To analyze the planning, deployment, and operational phases of HIS.
- To identify challenges, including technological, financial, and operational.
- To suggest improvements in patient care, workflow, and data security.

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SCOPE OF THE STUDY

The study covers HIS implementation and integration across departments, impact on workflow efficiency, patient safety, administrative tasks, system adaptability among different user groups, and financial implications and return on investment for the hospital.

REVIEW OF LITERATURE

- Davenport (1993): Highlighted the integration of HIS for reducing redundancy and enhancing decision-making across departments.
- Shortliffe and Cimino (2006): Emphasized the synergy of HIS and CDSS in improving diagnostic accuracy and clinical alerts.
- Bates et al. (1999): Found significant reductions in medication errors through HIS-based CPOE systems.
- Blumenthal and Tavenner (2010): Discussed the role of governmental policies like the HITECH Act in accelerating HIS adoption and improving EHR interoperability.

RESEARCH METHODOLOGY

This descriptive research was carried out at Sri Ram Hospital, located in Tiruvannamalai, with the objective of gaining in-depth insights into the selected area of study. A total of 80 respondents participated in the study, carefully selected through purposive sampling to ensure that only individuals with relevant knowledge and experience were included. The sample comprised a diverse group of professionals within the hospital setting, including doctors, nurses, IT staff, and administrative personnel, each offering valuable perspectives based on their roles and responsibilities. The study relied on both primary and secondary data sources for comprehensive analysis. Primary data was collected through structured surveys, one-on-one interviews, and on-site observations, enabling a first-hand understanding of current practices, challenges, and perceptions. In addition, secondary data was obtained from hospital records, institutional reports, and previously published studies to support and validate the findings. This combination of qualitative and quantitative information provided a well-rounded foundation for drawing meaningful conclusions and making informed recommendations.

TYPES OF DATA COLLECTION

Primary Data: Structured questionnaires, interviews, direct observation.

Secondary Data: Hospital performance reports, literature, policy documents.

DATA ANALYSIS (WITH STATISTICAL TOOLS)

1. Descriptive Statistics:

- Mean Ease of HIS Adaptation:

Formula: Mean = $\Sigma x / n$

Calculation: $(6*1 + 12*2 + 14*3 + 22*4 + 19*5) / 73 = 255 / 73 \approx 3.49$

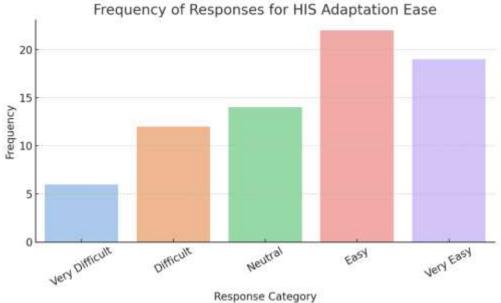
• - Mode: Most frequent value = 4 (Easy)

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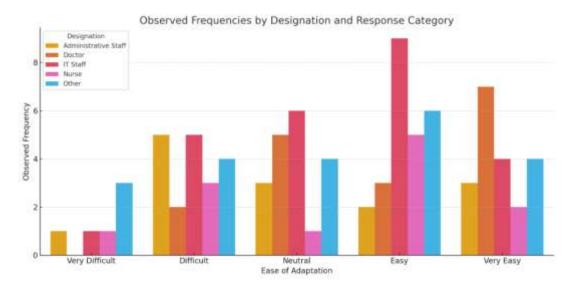
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2. Chi-Square Test:

- Hypothesis: H0 = No association between designation and ease of HIS adaptation
- $-\chi^2 = \Sigma[(O E)^2 / E] = 11.82$
- Degrees of Freedom: (5-1)*(5-1) = 16
- p-value $> 0.05 \rightarrow$ Fail to reject H0



3. Percentage Analysis:

- Formula: (Category Frequency / Total Responses) * 100
- Example: Ease of Use rated 'Easy' by 22 of $80 \rightarrow (22 / 80) * 100 = 27.5\%$

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SUGGESTIONS OF THE STUDY

- 1. Improve HIS Training: Implement interactive, simulation-based learning modules to help users understand and adapt to HIS faster.
- 2. Enhance Technical Support: Deploy a dedicated IT helpdesk team during peak hours to resolve system-related issues promptly.
- 3. Develop HIS Champions: Appoint experienced HIS users from each department to guide their colleagues and ensure smooth transition.
- 4. Conduct Routine Feedback Surveys: Regularly collect staff feedback to identify HIS pain points and adapt training or system settings accordingly.
- 5. Minimize Downtime: Use backup systems and schedule maintenance during off-peak hours to avoid operational disruptions.
- 6. Promote Interdepartmental Collaboration: Encourage communication between IT and clinical teams for continuous improvement.
- 7. Increase User Engagement: Gamify training modules and reward HIS usage milestones to promote interest and acceptance.
- 8. Audit Data Quality Regularly: Ensure that the data entered into HIS is accurate, consistent, and complies with healthcare standards.

CONCLUSION

The study confirms that the Hospital Information System (HIS) at Sri Ram Hospital significantly improves hospital workflow, data management, and patient care. While the system shows promising benefits in terms of reducing manual errors, increasing task efficiency, and enhancing patient record management, challenges remain. Key issues such as limited staff training, technical downtime, and initial resistance from users hinder the system's full potential. Nonetheless, these can be overcome with continuous user engagement, technical support, and strategic system upgrades. In the long term, HIS stands as a vital tool for transforming traditional healthcare into a more data-driven, efficient, and patient-focused system. It is recommended that other mid-sized healthcare institutions consider adopting HIS for improved outcomes.

REFERENCES

- Davenport, T. (1993). Process Innovation: Reengineering Work through Information Technology.
- Shortliffe, E. H., & Cimino, J. J. (2006). Biomedical Informatics: Computer Applications in Health Care and Biomedicine.
- Bates, D. W., et al. (1999). Effect of Computerized Physician Order Entry and Clinical Decision Support Systems on Medication Safety.
- Blumenthal, D., & Tavenner, M. (2010). The 'Meaningful Use' Regulation for Electronic Health Records.
- Garg, A. X., et al. (2005). Effects of Computerized Clinical Decision Support Systems on Practitioner Performance and Patient Outcomes.
- Amatayakul, M. (2005). Handbook of Healthcare Information Systems.
- Ash, J. S., et al. (2012). Some Unintended Consequences of Health Information Technology.
- Hoyt, R. E., & Yoshihashi, A. (2014). Health Informatics: Practical Guide for Healthcare and Information Technology Professionals.

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