



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂಖ್ಯೆ: ಆಕುಕ 118 ಎಫ್.ಪಿ.ಇ 2021

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಚಿವಾಲಯ
ವಿಕಾಸ ಸೌಧ,
ಬೆಂಗಳೂರು ದಿನಾಂಕ:21/12/2021.

ಅನಧಿಕೃತ ಟಿಪ್ಪಣಿ


ವಿಷಯ:- ರಾಷ್ಟ್ರೀಯ ಮಾಹಿತಿ ಕೇಂದ್ರ -ಕರ್ನಾಟಕ ಅಭಿವೃದ್ಧಿಪಡಿಸಿದ ಇ-ಆಸ್ಪತ್ರೆ ತಂತ್ರಾಂಶ ಬಳಕೆಯ ಮೇಲಿನ ಮೌಲ್ಯಮಾಪನ ಮಾಡುವ ಬಗ್ಗೆ

ಉಲ್ಲೇಖ:- ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿರವರ ಕಛೇರಿಯ ಅ.ಸ.ಪತ್ರ ಸಂಖ್ಯೆ:ಕೆ.ಇ.ಎ. 51 ಎಟಿಆರ್.2019 ದಿನಾಂಕ:06.03.2021,13.07.2021 ಹಾಗೂ 30.09.2021.

ಮೆಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ಉಲ್ಲೇಖಿತ ಪತ್ರಗಳಲ್ಲಿ ಕರ್ನಾಟಕ ಮೌಲ್ಯಮಾಪನ ಪ್ರಾಧಿಕಾರದ ವತಿಯಿಂದ ಇ-ಆಸ್ಪತ್ರೆ ತಂತ್ರಾಂಶ ಬಳಕೆಯ ಬಗ್ಗೆ ಅಧ್ಯಯನ ಕೈಗೊಂಡು ಮಾಡಿರುವ ಶಿಫಾರಸ್ಸುಗಳ ಅನುಷ್ಠಾನಕ್ಕಾಗಿ ಕೈಗೊಂಡ ಕ್ರಮದ ಬಗ್ಗೆ ವರದಿಯನ್ನು ಕಳುಹಿಸುವಂತೆ ಕೋರಲಾಗಿತ್ತು. ಸದರಿ ವರದಿಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಕೈಗೊಂಡ ಕ್ರಮವನ್ನು ಈಗಾಗಲೇ ದಿನಾಂಕ:20.11.2021ರ ಪತ್ರದಲ್ಲಿ ಆಯುಕ್ತರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು ಇವರು ಸರ್ಕಾರದ ಅಪರ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿ, ಯೋಜನೆ, ಕಾರ್ಯಕ್ರಮ ಸಂಯೋಜನೆ ಮತ್ತು ಸಾಂಖ್ಯಿಕ ಇಲಾಖೆ ಇವರಿಗೆ ವರದಿಯನ್ನು ಕಳುಹಿಸಲಾಗಿದೆ. ಸದರಿ ವರದಿಯ ಶಿಫಾರಸ್ಸಿನ ಬಗ್ಗೆ ಕೈಗೊಂಡ ಕ್ರಮವನ್ನು ಮೊತ್ತೊಮ್ಮೆ ಇದರೊಂದಿಗೆ ಲಗತ್ತಿಸಲಾಗಿದ್ದು ಮುಂದಿನ ಸೂಕ್ತ ಕ್ರಮಕ್ಕಾಗಿ ಈ ಮೂಲಕ ಕಳುಹಿಸಿದೆ.

ಕರ್ನಾಟಕ ಮೌಲ್ಯಮಾಪನ ಪ್ರಾಧಿಕಾರ
ಸ್ವೀಕೃತಿ ಸಂಖ್ಯೆ 919/4
ದಿನಾಂಕ 21/12/2021
ಗಣಕ ಸಂಖ್ಯೆ
ವಿಧಾನ

ತಮ್ಮ ವಿಶ್ವಾಸಿ,


(ಡಿ.ಧರ್ಮಜಯ) 21-12-2021

ಸರ್ಕಾರದ ಅಧೀನ ಕಾರ್ಯದರ್ಶಿ,
(ಕುಟುಂಬ ಕಲ್ಯಾಣ ಶಾಖೆ)
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ.

ಇವರಿಗೆ:

AA-II

ಸರ್ಕಾರದ ಅಪರ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿಗಳು,
ಯೋಜನೆ, ಕಾರ್ಯಕ್ರಮ ಸಂಯೋಜನೆ ಮತ್ತು ಸಾಂಖ್ಯಿಕ ಇಲಾಖೆ,
ಬಹುಮಹಡಿ ಕಟ್ಟಡ, ಬೆಂಗಳೂರು.

KEA

Recommendations submitted by the Karnataka Evaluation Authority (KEA)

Short Term Recommendations

Sl.No	Recommendation given by KEA	Action taken by DoHFW
1	<p>the local needs the following has been incorporated</p> <p>1) Customization of Dental module</p> <p>2) Provision is added to capture Nurse and Doctor note</p> <p>3) Software needs to be optimized for the local needs.</p> <p>4) Provision is added to edit the admission slip</p> <p>5) Provision is added to edit the discharge slip</p> <p>6) Provision is added to capture refreshment, reserve and unreserved blood bag details</p>	<p>As per the local needs the following request has been incorporated</p> <p>1) Customization of Dental module</p> <p>2) Provision is added to capture Nurse and Doctor note</p> <p>3) Provision is added to cancel admission slip</p> <p>4) Provision is added to edit the discharge slip</p> <p>5) Provision is added to capture refreshment, reserve and unreserved blood bag details in e-blood bank</p>
2	Coordination and presence of local help center would smoothen the problem resolution and ease of use of software	One Linux admin and 2 Helpdesk engineers are appointed as per the recommendation given by KEA
3	Training and capacity building of all major users required	Hands-on-Training and capacity building of e-Hospital is provided to all major users on quarterly basis.
4	Appropriate Hardware enhancements and introduction of Tablets and Smart digital PEN inputs would enhance uptake of usage by doctors	Smart digital PEN converts the inputs into the image and not in ICD 10 format as there are limitations in converting the scripts and this feature is still under discussion
5	Mobile ORS is operational & may be publicized to book advance appointments	Mobile ORS is enabled in 47 hospitals wherever e-Hospital is implemented and via Radio talks it has been publicized. IEC displays are kept near the registration counter in the hospitals to create awareness for the public to avail the Mobile ORS feature.

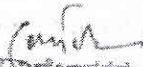

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Long Term Recommendations

Sl.No	Recommendation given by KEA	Action taken by DoHFW
1	<p>To reduce waiting time at the registration counters</p> <p>a) Provision of token machines where the patients or caretakers can generate time-stamped tokens for appointments.</p> <p>b) Decentralize registration and distribute it to major areas of the hospital. For example all maternal and child cases can be registered at a different location, and general outpatient cases can be registered at a different location Differential registration would also help to segregate the infectious and non-infectious patients, during registration and avoid cross contamination.</p>	<p>In order to reduce patient waiting time at the registration counter, Online Registration System (ORS) is implemented in the respective hospitals.</p> <p>Because of limited Human Resources decentralized registration is not feasible at present</p>
2	<p>To reduce the total consultation time with senior consultants</p> <p>Owing to large caseloads. Senior consultants often find very little time to spend with the patients. Most doctors complain that they are understaffed to serve patient needs. Junior residents and/or qualified nurses can Pre-screen the patients by recording anthropometry. Vital parameters, personal history, drug history, Blood pressure, etc. Pre-screening would help the senior consultants to focus on clinical diagnosis and treatment.</p>	<p>In medical college hospitals pre-screening will be done by interns & PGs for remaining hospitals this suggestion is in the process of consideration.</p>
3	<p>Use of Mobile applications for specific components</p> <p>Recent advances in mobile computing and improvement in both hardware and software have enabled complex activities to be accomplished using mobile phones. The development of mobile applications for user-specific functions will help doctors to quickly access the critical information and avoid re-typing of patient data: Capturing of crucial information for patient care such is provisional diagnosis, lab tests, and</p>	<p>a) The application is currently responsive in mobile & smart phones for capturing of crucial information for patient care such is provisional diagnosis, lab tests, and pharmacological treatment</p> <p>b) Smart digital PEN converts the inputs into the image and not in ICD 10 format as there are limitations in converting the scripts and this feature is still</p>

Sl.No	Recommendation given by KEA	Action taken by DoHFW
	<p>pharmacological treatment would help in minimizing the amount of data entry.</p> <p>The use of mobile applications would reduce the need for costly hardware and the supportive data entry workforce required for patient data capture.</p> <p>The capture of handwritten notes using an electronic pen (stylus) in pre-structured mobile forms can be explored to avoid data entry of critical information.</p>	<p>under discussion</p>
4	<p>To improve in-patient record maintenance and discharge summary.</p> <p>A daily capture of critical progress and treatment notes for each patient in the structured for helps in building the in-patient record. The integration of the lab reports and consumables would help in adding the care components to the patient records. Upon discharge the concerned doctor needs to add the discharge advice and generate the summary rather than create the entire in patient the course of the patient.</p>	<p>This feature is already exists.</p>
5	<p>Customization of the software to meet the local needs and local process.</p> <p>Each hospital has a unique system and method of functioning. In this context, having generic solution often poses challenges for the efficient and effective operation of the hospitals. Hence before installation, it is essential to understand the workflow and requirements of the individual hospitals and customize the software with minimal changes to suit the needs.</p> <p>Changes in human resources also necessitate the modification of the reporting templates and details. Having local software administrators capable of making these minor changes would help in maintaining</p>	<p>Customization of the software to meet the local needs and local process is under consideration and a weekly review is held on weekly basis to review the progress.</p>

Sl.No	Recommendation given by KEA	Action taken by DoHFW
	the smooth operations of the software.	
6	Ensure inter-operability among the different solutions provided so that the e health systems from different programs are integrated on a common platform.	Inter-operability is available and it will be integrated through API


 ಮುಖ್ಯ ನಿರ್ದೇಶಕರು (e-ಆರೋಗ್ಯ),
 ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಬೆಂಗಳೂರು


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