ANALYTICS FOR HOSPITALS HEALTH-CARE DATA

TEAM ID : PNT2022TMID38936

PROBLEM STATEMENT

I. Ineffective internal communication

Communication among and within healthcare institutions—and even with other external stakeholders—continues to be a challenge. Studies have shown that hospitals waste $12 billion per year thanks to poor communication, often due to aging technologies, silos between departments, and other issues. Poor internal communication has even been linked with the quality of patient care, underscoring the importance of having an effective communication program.

Particularly during a pandemic, there is a need to communicate with both internal and external audiences about things like safety precautions, test availability, etc. But even in "normal" times, organizations need better ways to share data and information across teams to empower and engage employees, promote collaboration, and drive strategic initiatives.

II. Data Security

Compared to other industries, the healthcare industry is relatively unprepared for cyber attacks. The recent growth of digital health initiatives—like telehealth doctor visits during the pandemic—has been a major contributor to increasing breaches. As more healthcare functions continue to move online, it's essential to ensure these processes are protected.

Data availability can be compromised by malware attacks, causing problems for critical hospital procedures. The main purpose of data security is patient safety and privacy. Data security is important for increasing patients' trust.

III. Deficient Manpower

Shortage of manpower is only made worse by the absence of a comprehensive and integrated health manpower policy dealing with health manpower requirement projection, manpower production, training, recruitment, career development, supportive supervision, skill enhancement, postings in underserved areas, retention and transfers, and so forth. By Assuming or pre-planning (manpower) staffs to work with their schedule time, it was scheduled by number of workers/staffs availability.

IV. Unmanageable Patient Load

Secondary or tertiary level public hospital in bigger cities is today bursting at seams due to a heavy rush of patients. The huge unplanned increase of Indian cities has resulted in urbanization of rural poverty causing expansion of slums and marginal populations starved of health and other basic amenities. Deficiency of urban health infrastructure, overcrowding in hospitals, lack of outreach, and functional referral system, standards, and norms for urban health care delivery system, social exclusion, unavailability or ignorance of information for accessing modern health care facilities, and lack of purchasing power are some of the issues that have been identified as challenges to urban healthcare in the country.

"The heads of different sections in the district hospitals dealing with medicine, surgery and so on … it will be of advantage if they can occasionally visit the secondary unit hospitals and a certain number of primary unit hospitals and inspect and guide the professional work of officers discharging corresponding duties in these hospitals. Such contacts should help to improve the standard of professional work carried out in the hospitals of the districts generally". Which was previously allocated some emergency beds for unpredicted patients entry, while pre-records as systematically.

V. Medicaid Payments

The most recent and probably the biggest challenge faced by hospital administrators is the management of Medicaid payments. There are a few different reasons why this is difficult. The recent rise in unemployment has many Indians looking to government Medicaid for help with their health care. Medicaid is known to reimburse hospitals for health services far less than individually purchased forms of health insurance. The more Medicaid or Medicare patients a hospital serves the less money it is making. Also, medicare provides healthcare for senior citizens. The numbers of senior citizens are rising drastically as the baby boomer population continues to age. Additionally, Medicare and Medicaid have spending caps. So if more and more patients who bring in minimal revenue need served, how is a hospital administrator supposed to make ends meet?

To overcome from above statement, we may implement EMI option for EWS (Economically Weaker Section) Peoples for getting all the treatment equally comparing to other patients.