Problem Specification

Computer-based patient record (CPR) systems form the infrastructure for the timely and accurate collection and exchange of data, information, and knowledge in healthcare organizations, and thus a more efficient use of scarce resources. The productivity of these CPR systems is expected to rise with their increased level of implementation in all healthcare domains, particularly, when primary healthcare (PHC) and home healthcare are included in the infrastructure.

Healthcare providers are therefore expected to face fiscal and market pressures to implement integrated CPRs (ICPRs). However, in the US, the failure rate for new health information system implementation in healthcare organizations has been estimated to about 50%. The reasons for these failures have been extensively studied and described. For instance, one factor that has been indicated as crucial for success is the involvement of clinicians and other staff in the system development and, specifically, in the human-computer interface design. The need for sufficient technical support and maintenance services has also been highlighted; both during and after initial implementation, and the importance of collaboration between representatives from the system providers and the healthcare site implementing the system has been emphasized. However, despite this knowledge, information system implementation in healthcare settings continues to fail.

In light of the numerous reports of previous failures, it is hard to comprehend why the frequency of the failures persists. The situation is particularly alarming in regard to the introduction of the new generation of complex ICPRs that require major investment. In Sweden (population 9 million), the introduction of such integrated systems has recently been initiated, re-modeling the entire infrastructure for patient-related data management and interconnecting previously isolated systems. Following this, the county councils (n=21) and municipalities (n=290) that manage the provision of healthcare services to citizens are in the process of implementing ICPRs that will allow PHC centers, hospitals, pharmacies, and retirement homes for the elderly to be integrated, allowing the exchange of data and information.

Using data from such an implementation process in a Swedish country, the aim of this study is to analyze whether the previously reported evidence of implementation failures is also valid in the ICPR setting or if these systems create other implementation challenges. The analyses are based on a case study design and use qualitative methods for data collection and analyses.

This is having totally four modules.

- ✓ Admin
- ✓ Customers
- ✓ Agent
- ✓ Authentication

Project Task

Following things are to be automated,

- Home page
- Registration
- Login Page
- Patient Details
- Doctor Details
- Revenue Reports
- Agent Details
- Attendance Details