# **CHAPTER 1**

# **INTRODUCTION**

# **Project Background**

Healthcare information systems refer to any system that captures, stores, manages or transmits

information related to the health of individuals or the activities of organizations that work within

the health sector. This definition incorporates things such as district level routine information

systems, disease surveillance systems, and also includes laboratory information systems, hospital

patient administration systems (PAS) and human resource management information systems

(HRMIS). Overall, a well-functioning HIS is an integrated effort to collect, process, report and

use health information and knowledge to influence policy and decision-making, programme

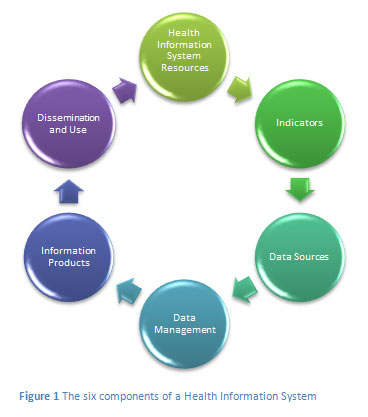
action, individual and public health outcomes, and research. Sound decision-making at all levels

of a health system requires reliable health statistics that are disaggregated by sex, age and

socioeconomic characteristics. At a policy level, decisions informed by evidence contribute to

more efficient resource allocation and, at the delivery level, information about the quality and

effectiveness of services can contribute to better outcomes.

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1. Health Information Systems Resources

These include the legislative, regulatory and planning frameworks required for a fully

functioning health information system, and the resources that are required for such a system to be

functional. Such resources involve personnel, financing, logistics support, information and

communications technology (ICT), and coordinating mechanisms within and between the six

components.

1. Indicators

A core set of indicators and related targets is the basis for a health information system plan and

strategy. Indicators need to encompass determinants of health; health system inputs, outputs and

outcomes; and health status.

1. Data Sources

These can be divided into two main categories; (1) population-based approaches (censuses, civil

registration and population surveys) and (2) institution-based data (individual records, service

records and resource records). A number of data-collection approaches and sources do not fit

into either of the above main categories but can provide important information that may not be

available elsewhere. These include occasional health surveys, research, and information

produced by community based organisations.

1. Data Management

This covers all aspects of data handling from collection, storage, quality-assurance and flow, to

processing, compilation and analysis.

1. Information Products

Data must be transformed into information that will become the basis for evidence and

knowledge to shape health action.

1. Dissemination and Use

The value of health information is enhanced by making it readily accessible to decision-makers

and by providing incentives for, or otherwise facilitating, information use.

# **Problem Statement**

Now days, heart diseases are exceeds up to dangerous level which leads to death of human

being. Monitoring of patient constantly is difficult or doctors are also unable to monitor

particular patient for total working hours. In many critical conditions such as patient is

located far away from hospital or also in case of old patient who suffering with heart disease

and physical disorders, continuous monitoring of patient is not possible. This module deals

with solving above problems. Module consist of heart rate sensor which measures the heart rate

and sends SMS through GSM to the registered patient for the preliminary precautions so that

patient can be prevented from serious situation before reaching to the hospital. For temporary

storage of the data, Arduino device used. For display the measured values of heart beat and body

temperature, android apps is used.

# **Objective**

1. To study the appropriate technique for emergency alert system.
2. To design and implement the prototype
3. To test the purpose emergency alert system on the electronic device.
4. design low-cost device which measures the heart rate of the subject by clipping sensors on one of the fingers and then displaying the result via SMS.
5. Providing immediate notification of abnormalities in cardiac activity on a monitored patient or user.
6. Providing easily accessible, user friendly and portable device.

# **Scope**

In order to achieve the project objectives, there are two main parts of the scopes

which are hardware and software. For the hardware part, the scope of this project is a

circuit of microcontroller that place at the prototype designs is build. This circuit is

connecting with the connection from fingertip sensor, GSM modem, and LCD and

keypad which act as user interface. To determine and control the range of heart rate in

human body, the code of Arduino is need to program the sensor.

# **Report Organization**

There are five total chapter in this thesis:

1. **Chapter 1** discusses about this apps background. This chapter also explain about the reason this system need to be develop by discover the problem statement. From the problem statement, objective and scope for this system can be archive in this chapter.
2. **Chapter 2** (**Literature review)** discusses the basic theories applicable for this project. Discussion on these theories is based on the background studies or literature reviews. It covers mainly on concept of heart rate, Fingertip sensor and heart rate training zones.
3. **Chapter 3 (Methodology)** describes the general structure and operations of the system, including all assumptions and considerations for the system‘s operation.
4. **Chapter 4** **(Implementation and Testing)** this chapter is about the implementation and testing phase of the project and it constitutes the real work in order to achieve the project objectives.
5. **Chapter 5 (Conclusions and Recommendations)** contain conclusions of system performance and recommended future work, including the ethical issues involved.

• Appendix A: Source Code for Programming the microcontroller Arduino.

• Appendix B: includes snapshots for the implemented project.