Hospitals irked by poor implementation of HIS

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Patient care is the buzzword and hospitals across India are gearing up to address this particular aspect of healthcare delivery like never before. In the last couple of years, a number of private players have opted for Hospital Information Systems (HIS) thinking that it will help them to upgrade service to the patients, boost efficiency and to streamline day-to-day micro management issues. Some have managed to achieve what they desired, but many haven't. In fact, lot of hospitals seem to be at loggerheads with their vendors on a range of issues, be it the price, software, training or implementation. "IT has not improved profitability or productivity. Overall effectiveness and quality was inadequate. Implementation was very poor with no timeframe and without adequate of the staff," says Dr Ashok Bhatkhande, medical director, Bhatia General Hospital in Mumbai. Similar sentiments were echoed by D K Srikanth, EDP manager, Mallya Hospital, Bangalore. "The implementation process did not meet contracted time frame and was not done within expected budget.

The implementation staff is not adequately trained and is not knowledgeable of product and industry. Overall effectiveness and quality was average." Another issue hospitals raise is the software design and lack of customisation. "Though the technology is latest, software partially matches our requirements," says Kirit Randeria of Nanavati Hospital, Mumbai. The cost is high, says Dr N K Singh, director (telemedicine and telehealth), Narayana Hrudayalaya, Bangalore. "Implementation staff was trained to a satisfactory level yes but there is lot of room for improvements.

Overall quality, appropriateness and usability of documentation is satisfactory but a lot of customisation is required. Vendor has lived up to our expectations to some extent," he explains. Vendors agree that there are critical issues to be sorted out, but they are not willing to take the entire blame on themselves. Having a great product is one thing but unless training and implementation is done right, the project will be a failure, says Ranjana Maitra, practice head, healthcare vertical, Wipro Infotech. Agrees Saji Salam of Cognizant Technology Solutions. "If software design does not take into consideration the usability factors

associated with the end user, the response will be mediocre," he admits. However, the admittance is just a part of the story. IT vendors hastily add that sustained commitment from hospitals management, starting from end user involvement in vendor evaluation to developing functional specifications and extending it all the way through implementation and training, is lacking in many instances.

Then there are budgetary constraints. Vendors say that hospitals perceive IT as a low priority area and that most of the IT budget, which is around 0.5 per cent of the total budget, is utilised for hardware and networking, leaving very less for the software and training.

According to Satish Kini, Chief Mentor, 21s t Century Health Management, the average IT budget globally is 2-5 per cent. "A 300- bed hospital in the US spends 3-5 million dollars on software and implementation. Hospitals in India barely invest Rs 5-30 lakh. And on top of that, hospitals expect that implementation services to be free with the software, which in other parts of the world is 1.5-2

times the software costs. In fact, in most instances, the company that implements is different from the software company as the skills are very different," explains Kini. Also, hospitals are found to be not willing to invest in qualified IT staff. G Kumar of Mumbai-based Softscript says hospitals do not have qualified people to use IT effectively, and that such a staff is not available for training even if vendors want to provide training. Ranjana Maitra says achieving an effective IT network is a two-way process with initiative and commitment of both parties. The top management should be involved in decision- making processes right through vendor evaluation stage to implementation, adds Kini.

Areas of concern

Development of an effective IT product too remains an area of concern. Dr Salam feels that IT solutions providers should work with hospitals as "business partners". IT vendors should appreciate that the requirements of a hospital is mainly a "mission critical" application. HIS Products should be developed with a lot of inputs from the healthcare service provider and should not be treated purely as an IT project.

Getting the user to integrate

While designing user friendly interfaces is a challenge by itself, getting end users to input data through these input screens might be even tougher, the vendors feel. "Buying a software is not enough. It has to be put to proper use. For example the controls built in to prevent misuse in various departments, may be bypassed, thereby affecting controls and audit. An HIS system is built on a logic to support desirable practices and these should not be changed often and arbitrarily," explains Kini. Nevertheless, Maitra feels that if the users are not putting the software to use, it is an implementation failure. Kini opines hospitals must identify reasons for implementation failure instead of blaming the vendor and looking for a new one.

Where hospitals may go wrong

When it comes to implementing Hospital Information System, many hospitals today still debate on whether to develop a software package or buy a product. "It is just a matter of time when the healthcare industry will be mature enough to appreciate that it is definitely beneficial to implement and adapt a readymade product rather than re -invent the wheel," says Dr Salam.

Where vendors may go wrong

According to Dr Salam, many vendors have a product development strategy sans the bandwidth to suit the varying requirement. Typically, vendors develop a custom solution for a hospital and then try to package this as a product to other hospitals. When the vendor realizes that each hospital has a different business practice the vendor is surprised. More structured or standardized business processes would help the healthcare industry and vendors.

"One has to understand that IT implementation is not like automating backoffice operation. It is like ERP," says Maitra. Agrees Satish Kini, "IT integration has to be done as a management tool. HMS should not be thought as a hitech it product which requires it-savvy people to use but as a efficient modern tool to be used to functional people to improve their effectiveness."