

**Minutes of Meeting for Expert Committee for Computerization and Connectivity of Medical Records of All the Hospital under BMHRC and State Gas Relief Hospitals was held on Monday 6<sup>th</sup> June 2016 at BMHRC Bhopal**

The Meeting for the Expert Committee for computerization and connectivity of Medical Records of all the Hospitals under BMHRC and State Gas Relief Hospitals was held on Monday, 6<sup>th</sup> June 2016 at 3.30 p.m. in BMHRC, Bhopal under the Chairmanship of Director, BMHRC, Bhopal. The following were present :

- Prof Manoj Pandey                      Director, BMHRC (Chairman)
- Mr. K K Dubey                          Director, Kamla Nehru Hospital
- Mr. M Vinayak Rao                      Director, NIC Bhopal
- Mr. Abraham Itty                        Technical Director, NIC, Bhopal
- Mr. D C Agarwal                        (Nominee of Mr. Sanjay Saxena) CMHO Gas Rahat.
- Mr. Shahnawaz Khan                    IT Supervisor, BMHRC (Member Secretary)

Prof. Manoj Pandey welcomed all the members of the expert committee and informed that as per the recommendations of the meetings held under chairmanship of Secretary, Department of Health Research in Delhi on 14.03.2016 this meeting of Expert Committee for computerization of medical records of all the hospitals under BMHRC and Gas Relief Hospitals was convened. Dr. K.K. Dubey inquired about the Terms of Reference (TOR) for the meeting and Dr. Pandey informed that as per Minutes of the Meeting held on 14.03.2016, the TOR of this Committee are as follows :

*“the Committee will analyse the available systems and the existing bottlenecks, resolve the bottlenecks to facilitate seamless computerization and networking of patients’ health records, and quality of data to be generated and maintain & authentic reports can be generated.”*

Director BMHRC informed that the data of 3.81 Lacs Gas victims’ patients along with data structure has been provided to NIC, Bhopal on dated 27/04/2016. On this Mr. Abraham Itty stated that data has been received from BMHRC and the work for seeding it in NIC software is under process. He assured the Committee that this will be completed in two weeks time.

**1. Evaluation of Existing System**

**1.1 BMHRC**

Hospital Information System is running in hospital since year 2000. It is developed by Siemens India limited. It’s Backend is Microsoft SQL Server 2000 and Front end VB 6.0. This Software runs in Microsoft Windows 98 Environment and not supported on other OS. Some of the Module (Material Management (Inventory) , ADT, Billing, Pharmacy , Item Order, OHMS) have been replaced By ITSC Technologies Pvt. Ltd. Its Back End is Microsoft SQL Server 2000 and Microsoft SQL Server 2005 and Front end VB.net 2005. These module Support all Microsoft Windows OS.

## 1.2 BGTRRD

E-hospital @ NIC, Tripura based hospital Management System is a work flow based ICT Solution for gas relief hospital which has six different servers and same data structure is used by BGTRRD.

After lengthy discussion and analysis of the existing bottleneck in the software used in BMHRC and BGTRRD as both the software are on different platforms and different data structures, universal IDs, different fields in data structure, the following bottlenecks were identified and solution proposed :

Sl. No.	Particulars of Bottlenecks	Solution (Recommendations)	Action To Be Taken By
1	Data Structure mismatch	<p>a) As the data structure of the two software does not match, it was decided to provide web based access.</p> <p>b) BGTRRD has already provided to BMHRC website access</p> <p>a) Bilingual Website for BMHRC is already under process and this will be completed in 6 – 12 months.</p>	NICSI
2	Adopt BMHRC ID as unique identification as BGTRDD ID is not unique	<p>a) It has been decided to seed BMHRC ID into Gas Rahat System. Mr. Abraham Itty assured that this will be done within one weeks time.</p> <p>b) It has been decided that BMHRC will give a block of ID Numbers starting with '19' to the Gas Rahat Department for registration of cases that are not registered with BMHRC. The NIC will prepare a query screen to identify such patients by Case Number, Claim Number, Name and Father's Name in each of its six databases. The third digit of this BMHRC ID will denote the hospital registering the patient, for example, '191' could be Kamla Nehru Hospital, '192' Jawahar Lal Nehru Hospital etc.</p>	BMHRC / NIC / BGTRRD
3	Universal ID Common Fields	It has been decided unanimously to use BMHRC ID as unique ID for treatment purposes. Besides these, Case Number and Claim Number, Name and Father's Name will be used for identification	BMHRC / NIC / BGTRRD

4	Smart Cards	The Committee recommended that the new software solution finalized by BMHRC in its Expression of Interest (EOI) should have the provision for issuance of Smart Card / Biometric Solution so as to simplify the treatment of gas victims and their dependents. The award need be expedited.	BMHRC / DHR
5	Six Servers at BGTRRD	The Committee noted that six of the Hospitals of BGTRRD have individual servers and each has a separate database, though, presently they are connected through web-based access, the Committee felt that it is desired that the data base of the six hospitals be unified on a single server preferably based on Cloud. If Cloud connectivity through internet is technically not feasible the Local Area Network (LAN) be developed. NIC will look into this issue and submit its report within four week.	NIC
6	Appointment Nodal Officer for technical support for day-to-day monitoring and technical running	It is decided that one Nodal Officer each with minimum qualification of BE / MCA with 5 – 6 years of experience be appointed each at BMHRC and BGTRRD to ensure smooth day-to-day technical running and monitoring.	DHR / BGTRRD / M.P. Government
7	Quality of available data	The Committee felt that the quality of available data is not good and many data fields are left vacant. It is decided that database of BMHRC, specially for mandatory fields be checked manually. Mr. Rao suggested that a table with only mandatory field be created afresh and later merged with main data, this would be simpler than checking all the records. The members agreed that this be done to improve quality data and make it available for analysis.	BMHRC / DHR

The meeting ended with vote of thanks.



**Prof Manoj Pandey**  
Director, BMHRC