INTRODUCTION

Health care industry in India has evolved over the years. It now caters both the domestic as well as foreign customers with services of the highest level in the form of medical technology and skill set. The demand for quality healthcare is going to further increase with the economy on a rise, urbanization and the increase awareness among the common mass which is now richer than ever before. Not only the older population needs medical attention, but also the younger generation demands higher individual standards for the quality of life (Fellegi, 1988; Dekker, 1988; Mooney & Salmons, 1994). The increase in demand puts a tremendous pressure on administration as well as on nursing staff (Dekker, 1988). Healthcare has always been the top priority for governments at national level (Miller, 1994).

A vibrant and dynamic health care sector is imperative for the new human resource intensive world. The main aim of the industry seems to be achieving an effective health care system which enhances the average life expectancy and to improve quality of life and productivity.

The health care sector from the beginning has been a public sector but with the numerous failed health care development programs the sector saw the entry of private players which has changed the whole scenario not only at national level which now is able to treat the poorest but also at a global platform where it...
is providing services to the richest. It will also be useful to understand critical success factors involved in this change management process. Different factors such as organization structure, technology infrastructure and implementation approach influence the success of the automation (Nolan, 1992; Galliers & Sutherland, 1991; Lubitz & Wickramasinghe, 2006). Parallel to the entry of private players, systematic and rational changes at the policy level like:

1. The reduction in customs and excise duties on various items has proved to be of great help to the sector resulting in the formation of the healthy competition.
2. Permissible depreciation rates for medical equipment under the Income Tax Law have been increased to enhance cash flows of the corporate hospitals in the private sector.
3. Lower interest on lending for private sector hospitals exceeding 100 beds will improve access to low cost funding for hospitals.
4. But the biggest leap has been the community-based universal health insurance scheme for the poor whereby a cover of Rs 30,000 is available for as low as Rs 2 per day with the Government contributing Rs 100 per annum for families below the poverty line.

The entry of big pharmaceutical companies and the increasing research going in the field of drugs and medicine have also proved to be major support pillars of this sector. These companies have made tremendous impact on quality of services provided to the customers as well as reduction in cost giving value for money. This has been made possible by using technology. The introduction of technology has also shown a remarkable change in the performance of the health care sector in the rural scenario. According to Lubick et al. (2009), the use of Information Technology in health care has tremendous promise in improving efficiency, cost effectiveness, quality, and safety of medical delivery. However, Kaplan (2009) puts a very detailed argument about the complexity involved in integrating IT systems as well as the success and failure risks involved in implementing the IT In health care.

This Case study will deal with the present MIS structure of CARE group of hospitals.

CARE HOSPITALS
Practicing Medicine as it should be Practiced

In 1997, a team of Medical Professionals have set up the first CARE Hospital, it signaled the dawn of a new era in medical care. At the heart of this movement was a burning desire to practice medicine with Compassion, Concern and Care, with a single minded objective - the recovery of the patient. Today, with Multi-Specialty HOSPITAL across the state, and a reputation for humanitarian and selfless service of the highest order, CARE Hospital enjoys an unbelievable amount of goodwill.

At CARE, they operate on a physician driven model. This means that all the main constituents of the CARE movement - the promoters, administrators and service providers are physicians. At the centre of the CARE model is the patient and the over-riding motive of all of CARE’s activities is to provide quality medical care at an affordable cost. Technology, Training and Teamwork form the very core of the CARE model. We emphasize on a comprehensive and continuous education and training of every individual involved in patient care. Every effort will be taken to ensure that our growth is one decided by the patient’s needs, and not one decided by our corporate requirements.

BELIEF

• “A patient is the most important person in our hospital.
• He is not an interruption to our work; he is the purpose of it.
• He is not an outsider in our hospital. He is a part of it.
• We are not doing him a favor by serving him.
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