

# Integrating PMJAY Process with Indigenous Software Solutions to Optimise Patient Movement

Shah Anand<sup>1</sup>, Shrotriya Ratnakar<sup>2</sup>

Assistant Professor<sup>1</sup>, Medical Record Keeper<sup>2</sup>

Department of Community Oncology & Medical Records

The Gujarat Cancer & Research Institute, Asarwa, Ahmedabad, Gujarat, India

Corresponding Author: anand.shah@gcriindia.org

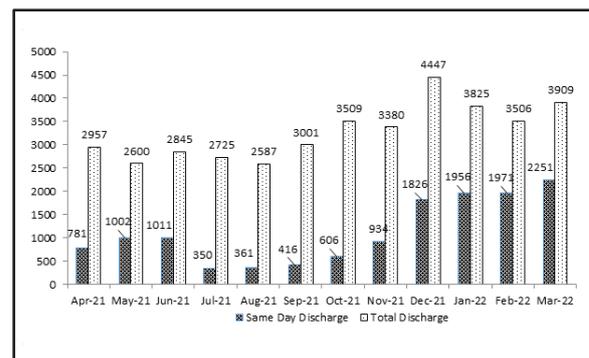
 <https://orcid.org/0000-0002-9217-9065>

Ayushman Bharat is a flagship scheme of Government of India (GOI) which was conceived to achieve vision of Universal Health Coverage. With reference to National Health Policy 2018, GOI launched Pradhan Mantri Jan Arogya Yojna (PM-JAY) for providing secondary and tertiary care under the banner of Ayushman Bharat. National Health Authority which is an apex body to manage PM-JAY scheme from central level, claims to provide benefit to more than 50 crore poor beneficiaries across India. Each family is given benefit of services up to 5 lakh rupees. These number claims PM-JAY scheme as world’s largest government sponsored insurance scheme. Today GCRI is one of the largest hospital beneficiary of PM-JAY scheme among government institutes of India and is also ranked as 2<sup>nd</sup> best performing public hospital (Large State) by National Health Authority under PMJAY network in September 2021. Every day more than 450 beneficiaries visit PM-JAY department of GCRI for different processes like registration in scheme, pre authorisation, and discharge process. Managing such large number of patients at PM-JAY desk has not been an easy task and to optimise the entire process of PM-

JAY scheme, we have introduced new indigenous IT software adjacent to existing GCRI HMIS (GCRI.net).

Key features of this indigenous software:

- With every registration and pre authorisation in PM-JAY scheme, a token number was generated which helped to streamline all other processes.
- All PM-JAY desks were given a unique number through which all the processes can be tracked.



\*intervention of indigenous software was introduced in October 2021

Figure 1: Mean monthly patients enrolled under PMJAY scheme for same day discharge and overall discharge at GCRI



Figure 2: File check module to sort and assign token number to PM-JAY beneficiaries

- Nursing office, PMJAY - medical officer and RMO were able to track pending work at pre authorisation desk, chemotherapy wards and for discharge, with all these data they were able to do timely intervention for delays.
- A central console was created for top line management through with which they were enabled to track entire workflow of schemesuch as number of registrations, preauthorisations and discharges done through various desks. This feature provides valuable insights to management

for managing manpower and to evaluate functioning of PM-JAY scheme.

- Newly formed software was linked to GCRI's HMIS software (GCRI.net) and with two of PM-JAY softwares named Beneficiary Identification System (BIS) and Transaction Management System (TMS), this has ensured seamless integration of data and records. This software helped significantly to make reports for management presentations as well as for providing various government reports.

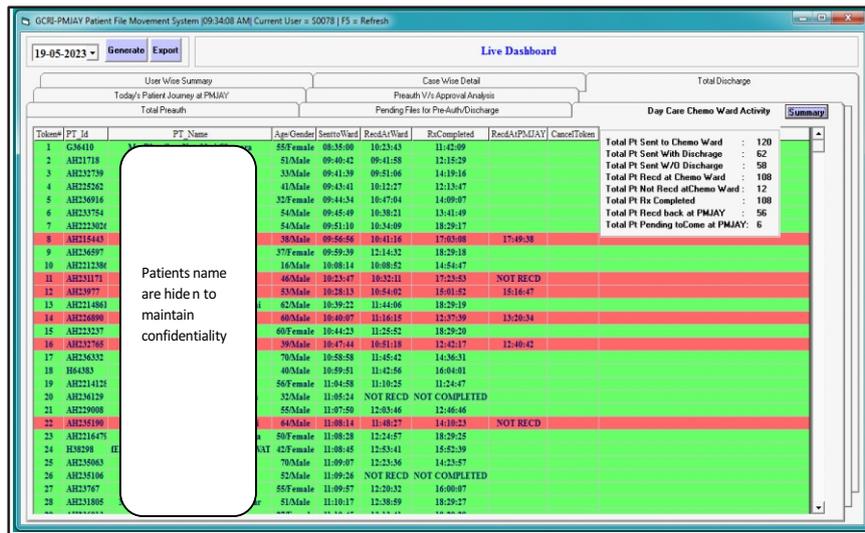


Figure 3: Ward module to manage patients at chemotherapy ward

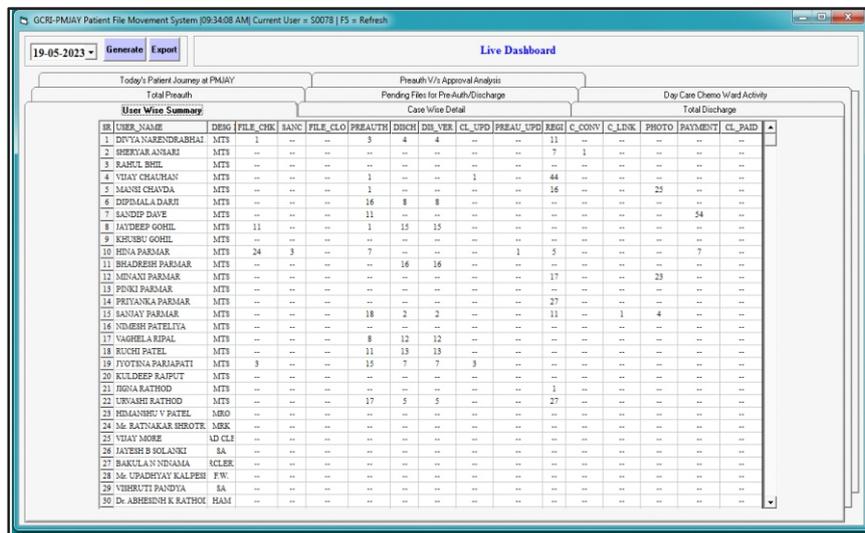


Figure 4: Central console for top line management to monitor functioning of PM-JAY scheme

**Outcome of this structural change:**

This software was rolled out in October 2021, to compare its effectiveness we have taken data of patients discharged under PM-JAY scheme from period of six months before and six months after intervention. On comparison we have observed that mean monthly day care patients enrolled under PM-JAY scheme were increased from 653.5 + 52.6

patients to 1590.6 + 109.8 patients. At the same time total number of discharges under PM-JAY scheme were increased from 2785.8 + 29.5 patients to 3762.6 + 65.4 patients. This software has helped to optimise GCRI PM-JAY process and made significant improvement in patient movement across different levels within the hospital.