IIHMR DELHI | INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH

Post graduate Diploma in Hospital and Health
HOM 709 - 2021-2023 Batch
Term – V: Term End Examination

Course & Code	:	**Hospital Management Information System (HOM 709)**	**Reg. No.**	:	
Term & Batch	:	**V, 2021-2023**	**Date**	:	**5/1/2023**
Duration	:	**3 Hrs**	**Max. Marks**	:	**70**

Instructions:

- Budget your time as per the marks given for each question and write your answer accordingly.
- This is an online closed paper exam
- Mobile Phones are not allowed even for computations.

Part A: Q.1 to Q.10 (All are compulsory) 1 x 10 = 10 marks

1. Expand the term DICOM _____
2. SNOMED means _____
3. EPR and PHR are one and the same (Say True or False)
4. Telemedicine guidelines help the doctors to conduct robotic surgery
5. Expand PACS _____
6. Two examples of Telehealth are _____ and _____
7. VR and AR are one and same (Say True or False)
8. e-Prescriptions can help in Adverse Drug Reporting. True or False
9. If an individual identification is removed from the patient record and only PIN is retained this indicates it is anonymized record. True or False
10. According to WHO based digital intervention classifications the four target groups are providers, patients, _____ and _____

Part B: Q.11 to Q.15 (4 questions *5 Marks =20 Marks) Attempt any four. 4

11. What is the difference between ICD 10 and ICD 11?
12. An XYZ hospital is interested in developing dash boards to monitor few performance indicators. Identify two indicators for that can be monitored digitally, What type of visualization chart or graphs will you use to follow the indicators
13. What are the various dimensions of data quality aspects of health data?
14. What is the difference between HL7 V2, V3 , FHIR?
15. Write briefly about EMR/ EHR?

Part C: Q.16 to Q.20 (4 questions * 10 Marks) Attempt any four

In the traditional model of Eye treatment, new patients from the community and primary care setting typically have to go through long and convoluted journey before eventually 'arriving' at tertiary eye hospitals. Furthermore, on eventual arrival at tertiary eye clinics, patients would typically further encounter a complicated clinical workflow with long waiting times and multiple preliminary and confirmatory investigations (eg, visual acuity (VA), intraocular pressure (IOP), scans such as optical coherence tomography (OCT) and visual fields (VFs)), resulting in multiple 'touch points' and interactions with different providers (ie, optometrists, ophthalmic technicians, nurses, doctors, pharmacists), before being diagnosed and given a management plan. All these factors increase exposure and thus the risk of contracting COVID-19, which is now known to spread through asymptomatic carriers (both patients and healthcare providers). Second, many patients need not be seen at tertiary eye centres. New case referrals and follow-up appointments at these eye centres may not be considered urgent or essential during the COVID-19 pandemic and even immediately in the early phases of 'reopening'. However, the typical referral of new patients from primary care setting is based on self-reported symptoms or suboptimal VA level measured by the Snellen test, which is known to have higher false-positive rates. In fact, prior to COVID-19, a large number of new referral cases to tertiary eye centres are attributed to visually insignificant cataracts, dry eyes or even refractive error (which merely requires provision of spectacles).Similarly, a large proportion of follow-up appointments (eg, stable cataract and glaucoma, post cataract surgery or stable retinal diseases) in many eye centres could be deferred and postponed. Thus, during and after the COVID-19 pandemic, it is important to reduce non-urgent referrals and non-urgent follow-ups to eye centres. This will also reduce non-essential human movement in the community. The eye centres can store the images taken through mobile based camera, stored in database and shared with specialists for diagnosis. There is an enormous opportunity for implementation of digital health in ophthalmology.

16. How can digital technology be utilized for effective implementation in the community?
17. How can telehealth be utilized in the above scenario?
18. Design an HMIS system for the above scenario. What can be the various modules present in the HMIS?
19. Can VR/ AR be used in education, training or treatment? If so how?
20. What type of standards can be used? How?