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Advanced Health Care System

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Abstract**—***Care streamlined operations, enhanced administration and control, improved patient care, strict cost control and offers the advantage of better profits. Care, powerful, flexible, and easy to use and designed and developed for hospitals to deliver real conceivable benefits. More importantly, we used PHP and My SQL Server on the back end on the front end is supported by credible and reliable support. Project continuity, reliability and most importantly, to ensure the accuracy of the information fed into the database verification provided with well-designed forms of income through the scene.*

The project has been successfully developed and the system performance is found satisfactory. Any placement firm, as required by safety covers. The use of computers in non-productive tasks helps users to reduce wasted time. This immediate access to further information as well as effectively helps users to share limited resources.

User-friendly menu-driven interface for the user to interact with the system have been provided. User's access rights users have installed provided can cross through the website. Users can then use the services of the website via a registration form can register themselves.

Hospital management system, hospital centers are manually developed to reduce the work. Each step is done with the help of the system, such as employee registration, such as employees of various kinds of edits, students in the database, inquiry services as well as complaints.

Keywords**:—** *Hospital, My SQL, PHP, computer.*

1. INTRODUCTION

Welcome to the new design. Care hospital software hospital management software in the field is excellent. The hospital administration and management processes to cover a wide range, the hospital management system is designed for multi-specialty hospitals, etc., reception, laboratory, like inventory and accounts of the hospital manages all segments. It's a seamless flow, patient care, hospital administration and critical financial accounting to support effective decision making that provides relevant information to the hospital for an integrated end-to-end care hospital system. This software etc. names and other properties to search for patients, patient's

last visit to any of the system's history supports reaching, also in a hospital or clinic to be used to keep track of patients registration Could this system three patients, including the doctor and receptionist. It is being treated under the doctor and the patient's medical report that counseling is useful to know the details of the situation. Treatment provided by the doctor for details. Automatically hospitalized patient is registered with the system. After login details we can address patient based on the patient ID. Then they know the position of the doctor and the patient to come to bed, and most important member of this system is the receptionist. He is the administrator of the system. He / she can add or remove the doctor and the bed. He said that the allocation of the patient and the doctor bed. And he also edits and system updates the details of doctors and beds.

2. OBJECTIVES

New technologies, electronic storage, transfer and change the medical data have improved the ability to share. At the same time, they also have access to this information and how they are protected, which create serious questions about. Care to join the purpose of treatment of details like the date and assign doctors to store detailed information about the patient. The allocation of key modules in the system to the patient doctor, bedding is allocated. They are easy to easy to understand that for many individuals, a common reference or landmark. Care, which serves as the software linked to a specific location is an important social and cultural practice, after formation they also contribute to the preservation of the collective memory use and faster to the patient provides the simplicity of point-and-click service. This powerful software program specifically to manage the data, the hospital is built. The intuitive visual interface refund, exchange, and for both users and administrators quick and easy reporting, day-to-day aspects of selling makes. Hospital care for all back-end functionalities of the case taking control, the doctor bed expansion and floor information and information saved in a database history, etc. The hospital administrator intelligent counter reports daily, weekly, monthly reports and patient reports Report Details management, etc.

3. FUNCTIONAL REQUIREMENTS

1. The information of the hospital will be generated via a query according to the data selected by the user.
2. A way in which users (both patient& admin) can login to the system to perform different operation.
3. A way in which the patient can commit problem by “Point and Click” method.
4. The system can verify the data before transaction.

4. EXISTING SYSTEM

His standing in long queues outside the hospital Faced with an increasing number of patients, the hospital "patient happiness" faced the challenge of providing. Strict patient without delay and the inconvenience of standing in long queues to appoint wanted an easy way. Their loyalty program "Hospital", a mechanism is needed for administration, hospital phone book was introduced, but it was not feasible to prove, for some time the patient has to wait a long time. They affected patient health.

5. PROPOSED SYSTEM

- We propose a system which is more reliable and easy than the present system.
- Our solution targets those users who do not have spare time to stand in queue for getting appointment. We propose an easy way of getting and paying for the appointment without any delays and inconvenience.
- The people who take appointment are assured of a appointment before going to the hospital without their physical presence.
- Patient who takes appointment will receive an instant message (m-appointment) in their mobile phone. By splashing this m-ticket at the

reception of hospital, the patient can get the physical appointment.

- The staff at the hospital no longer needs complicated manual appointment availability and tracking mechanisms for issuing appointment. The appointment information is stored securely in a database which can be accessed any time for verification.

6. WORKING OF PROJECT

Ward and cost per net amount due to be paid by the patient, the combo cost, user name, bed type, floor number: appointment information, which is placed in a text database.

When the patient takes the placement of this database has been modified. Patient combo items they add or remove items from the same item more allowing for an appointment can be made with the page. Appointment to the doctor, the patient is moved to page issue appointment, extension service fee to apply for the appointment, fees and net dues conducted shows.

Patients have their appointment when they would check using the payment information page. This page patient, the name of his bank, his credit card number, credit card type, address, telephone number, mobile number, collects data about.

7. IMPROVING DATA COLLECTION ACROSS THE HEALTH CARE SYSTEM

Ethnicity, and Language Data: Standardization for Health Care Quality Improvement while a range of health and health care entities collect data, the data do not flow among these entities in a cohesive or standardized way. Entities within the health care system face challenges when collecting race, ethnicity, and language data from patients, enrollees, members, and respondents. Explicitly expressing the rationale for the data collection and training staff, organizational leadership, and the public to appreciate the need to use valid collection mechanisms may improve the situation. Nevertheless, some entities face health information technology (Health IT) constraints and internal resistance. Indirect estimation techniques, when used with an understanding of the probabilistic nature of the data, can supplement direct data collection efforts.

Addressing health and health care disparities requires the full involvement of organizations that have an existing infrastructure for quality measurement and improvement. Although hospitals, community health centers (CHCs), physician practices, health plans, and local, state, and federal agencies can all play key roles by incorporating race, ethnicity, and language data into existing data collection and quality reporting efforts, each faces opportunities and challenges in attempting to achieve this objective.

To identify the next steps toward improving data collection, it is helpful to understand these opportunities and challenges in the context of current practices. In some instances, the opportunities and challenges are unique to each type of organization; in others, they are common to all organizations and include:

- How to ask patients and enrollees questions about race, ethnicity, and language and communication needs.
- How to train staff to elicit this information in a respectful and efficient manner.
- How to address the discomfort of registration/admission staff (hospitals and clinics) or call center staff (health plans) about requesting this information.
- How to address potential patient or enrollee pushback respectfully.
- How to address system-level issues, such as changes in patient registration screens and data flow.

Previous chapters have provided a framework for eliciting, categorizing, and

coding data on race, ethnicity, and language need. This chapter considers strategies that can be applied by various entities to improve the collection of these data and facilitate subsequent reporting of stratified quality measures. It begins by examining current practices and issues related to collecting and sharing data across the health care system. Next is a discussion of steps that can be taken to address these issues and improve data collection processes. This is followed by a review of methods that can be used to derive race and ethnicity data through indirect estimation when obtaining data directly from many patients or enrollees is not possible.

8. SYSTEM REQUIREMENTS

1. Intel Core i3 2 generation because it is increasingly used as the processor and is providing reliable and stable working environment.
2. This will provide faster reading and writing abilities as shape 2. 1 GB of RAM is used.
3. Microsoft Windows 2000 Professional, Microsoft Windows XP Home Edition, Microsoft Windows XP Professional Edition
4. SQL Server 2005
5. Microsoft .Net Framework 2.0
6. Pentium or equivalent microprocessor (400 MHz or faster)
7. At least 256 MB of RAM
8. At least 10 MB of free hard disk space
9. CDROM
10. At least 800 x 600 resolution video graphics monitoring

9. BENEFITS

1. It is completely Intranet based system. It keeps records of patients from the start.
2. The patient and the doctor and the bed sheets to see details of the case.
3. Knowing the patient's previous history.
4. At the end of the month painless transaction reconciliation through increased operational efficiency.
5. A tech-savvy image is projected, and spends a lot of time browsing the Internet, which appeal to Generation Y consumers by 5 online brand extensions.
6. Class membership portal specialized services through hospital gift, home delivery of the appointment at a nominal cost, online account maintenance is provided, which have built lasting relationships with patients and successful.

10. LIMITATIONS

1. The patient seats in the system will not be selected. In the process, the people authorized to work in the hospital will be the receptionist.
2. In this system, the patient can make an appointment for the current day. Advanced bookings for the coming days is not included but can be added later.
3. In addition, the project will not be in a printing system. In the future, the appointment can be integrated printing system.
4. Appointment and appointment time or 30 minutes before the appointment would have taken to reach the hospital, the patient will be canceled.

11. CONCLUSION & FUTURE WORK

This deployment, improve service quality and thus automatically increase preparedness and prevention in the medical profession that can help can be found. Maintainable and upgradeable so that it is manageable software modularity and openness must be the right type that is of vital importance. Hardware available, reliable

performance and efficiency should be required. Technology dominates human life, where its new era. Software and technical equipment, exceptions are reduced and even eliminated. Moreover, for every part of their lives easy, fast and secure way to make the choice. It's getting a letter of appointment is designed to meet the requirements. Our newsletter with this; The leisure facilities at the hospital can meet their patient. Movies physician, patient, and the relationship between the employees to complete the process of recruitment to satisfy a good communication. With this platform we developed, we avoid wasting time reduce misunderstandings, easy data flow, customer happiness, and are expected to provide less difficult task. We accomplish our goals and we are satisfied with the developed code that believes from the preceding sections, what can be learned?

Hospital management, the most diverse research studies, are rare, and are not based on a standard approach, since the state does not indicate any particular trend. Partly reported, based on the study, it can be said that most of the research issues are centered on aspects of management than medical. Secondly, many of them seems to be a lack of systematic research design. Thus, even in the management of hospitals to have an attitude towards research needs. In one of the research, management and management of developers towards research managers, research comparing the attitudes of managerial culture is familiar with the often inadequate and therefore the lack of credibility was initiated by academic researchers believed that turned out. For the most part managers manage the research is not only cost effective, but also for the problems they faced, and the more serious, did not largely irrelevant seemed to believe.

Many managers use the research findings and that obviously use research (Bennett and Gill, 1978) they did not know how that would be more useful, however, confessed. These were adopted in a naïve and trivial empiricism that research can be held responsible for the situation. Thus, what is necessary to keep the concepts and problem-free formulations and epistemological tool for researchers and a more sophisticated understanding of the social sciences to provide them with.

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