PARAS- Laboratory Information System

Srishti Software Applications Pvt. Ltd., Bangalore - 560102, India



Company Profile



- Began operations in 2005
 - Current Employee strength 150
- Product focused Company with global reach.
- Winner of eINDIA Health Summit Award 2012 in the category 'ICT initiative in Healthcare by the Private Sector'
- Awarded Top 10 Emerging companies from NASSCOM EMERGE Forum
- Honoree in the Technology Fast 500 Asia Pacific 2009 Program conducted by Deloitte.
- Honoree in the NASSCOM EMERGE 50 Software category for the year 2009.
- Honoree in the Technology Fast 50 India 2009 Program conducted by Deloitte.
- "Consistently among the top 100 IT innovators in India" NASSCOM Survey, 2007.
- Rated SE 1A by ONICRA Performance and Credit rating.
- Visit us at: http://www.srishtisoft.com/ for more details.

PARAS: Evolution



Global survey, involving more than 130 hospitals, including 73 in India. Following key areas of concern were discovered:

Key areas of concern

Non availability of an affordable single Product Suite, covering all healthcare provider 'Business' & 'Clinical' processes, in an optimally comprehensive way.

Available products lacking bi-directional integration and balance between 'Business' & 'Clinical' processes.

Inability to document payment claims as per the ever changing requirements of Corporate / Insurance / TPA payers.

No Clinical and Administrative Tracking possible of Healthcare Recipients.

Business/ Clinical Impact

- Forced to look at multiple products / vendors and manage inherent risks related to deployment, integration & maintenance emerging out of this scenario.
- Escalated Total Cost Of Ownership.

Not possible to Implement modern management techniques related to Healthcare Enterprise Management. Ex. Ineffective cash flow management.

High Rejection Ratio of Payment Claims by institutional payers leading to considerable revenue loss.

Poor Customer Relationship Management.

PARAS: Evolution



Key areas of concern

Reccuring episodes of solution non-availability, lack of data security and virus threats.

Product performance degradation as business improved [requiring higher number of transactions at faster speed].

Difficult or impossible to get changes made to the solution. High vendor dependency. Longer waiting period.

Implementation failures/delays.

Business/ Clinical Impact

- Endangering patient care and safety.
- Risking privacy and confidentiality of patient.
- Low productivity.
- Bad customer experience.
- Forced to look for a new solution.
- Forced to use existing functionality.
- Denying on-time enablement of management vision.

Resulting in cost escalations and business disruptions.

PARAS: Vision



"Enable health care providers deliver superior care to their customers by implementing best in class administrative, clinical and management practices"

PARAS - The Intent



- When you are running a hospital, last thing on your mind should be running the hospital.
- PARAS helps you achieve this by being optimally relevant to your needs.
- It also allows you to focus on your primary business better patient care.

Differentiated Advantages - Solution



Differentiated Advantage

Comprehensive solution covering all needs of a modern healthcare provider.

Bilateral Integration of Administrative & Clinical workflow.

Functionality and Compliance-to-Standards measures head-to-head with global big brand products.

Multi Locational n Tier Hierarchical design.

User defined Abstract Role creation functionality to exactly map the institutional process flow and create entitlement.

High Configurability, using concepts of 'Service' & 'Station'.

Benefit to customer

Reduces need for multiple vendor / solutions thereby lowering costs, risk & effort.

Ability to plan & manage resources (Human, financial, material) based on real time data.

Global class functionality at affordable price.

Ability to manage / administer hospitals at multiple locations from enterprise headquarters.

Ease of administration by defining organization wide policy and mapping of users to user defined functionality grouping, rather than Modules or Sub-Modules.

Successful implementation -> simpler administration -> Quicker Rol.

Differentiated Advantages - Solution



Differentiated Advantage

Product is a **web application** engineered to Web 2.0 + standards.

Conforms to Standards of 'High Availability' and 'Fault Tolerance'. Third party standard lab certification.

Product conforms to international Privacy & Security standards.

Solution is fully scalable. Increase in load does not require any change in software, only hardware needs to be added.

Based on Open standards, using off the shelf hardware and software (OS / Database).

Adherence to global standards w.r.t. design, data and interface.

Benefit to customer

Ease of deployment and maintenance.

No risk of service disruption and non availability of patient record during clinical care.

Hospital can participate in globalized healthcare delivery.

No solution obsolescence as business grows. No large upfront investment at initial stage.

No lock-in to single vendor / technology for software / hardware.

Significant cost saving on database license.

Future proofing w.r.t. Business intelligence / Data Warehousing needs.

Differentiated Advantages - Labs, Ancillary



Differentiated Advantage

Comprehensive and seamlessly integrated Lab Information System [LIS]. Configurable for Internal / External Labs.

Benefit to customer

Achieves completeness to the offering. Also provides flexibility during implementation.

Differentiated Advantages - Srishti



Differentiated Advantage

An ISO 9000:2001, focused product company, competing & delivering globally.

Has a product road map for over a decade.

100% successful product implementation record across geographies

ONICRA rating of SE AA+

Benefit to customer

THE CUSTOMER will benefit from Srishti's best practices regarding product development and implementation

THE CUSTOMER will be assured of receiving newer versions of the product conforming to standard developments in the field

Gains of successful and timely (early) implementation are in terms of cost savings and enablement of Management vision

THE CUSTOMER knows the Financial Health of the company from which is buying a product

Value Proposition



value Proposition	Benefit
Dradiatability of Iranjamantation and are active	On time implementation

Predictability of Implementation and pro-active management of Roll Out risks

On-time implementation reduces costs and enables Management vision on time

[Srishti has 100% implementation record]

Bi-directional integration between 'Business' & 'Clinical' processes

- •Leads to stoppage of revenue leakages and material/financial mismanagement.
- •Brings in huge operational cost reduction and real-time management of resources

High configurability

Leading to very low vendor dependency in effecting business changes

Implementation of best practices tailored to local needs

Ability to deliver improved patient care conforming to local clinical, administrative, accreditation & legislative requirements.

Value Proposition



Value Proposition

Dynamic Role Creation that shifts from classical module wise access approach to functionality group based approach.

Benefit

- Increases efficiency and productivity
- •Simplifies administration since administrator has to only map 'Users' to 'Roles', which is easy to create using job description/designation
- •Reduced errors due to assigning wrong permissions
- •Prevents ordinary users from accessing un-authorized data employing 'URL Replay'

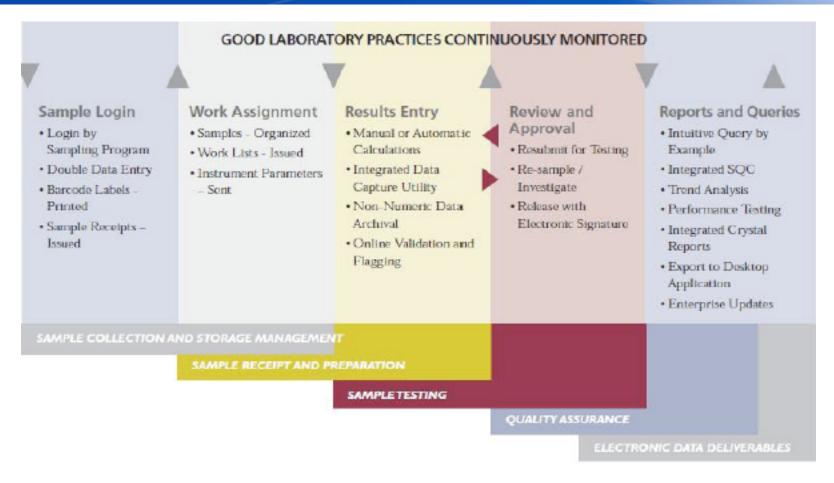
Providing real-time view of key organizational data

Engineered for future

Enabling business owners in taking informed business decisions

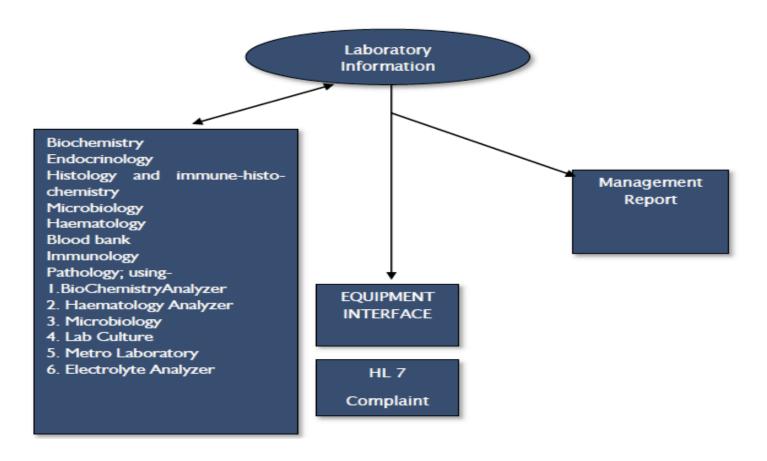
Reducing frequent re-investments in technology





PARAS Flexible configuration tools allow Admin to easily maintain their Laboratory's unique workflow and business rules through pre defined or ad hoc system lifecycle





A unique flow diagram inside laboratory department maintained by PARAS LIMS



PARAS	ENABLING HEALTHCARE		Name ; Corporate ; Patent Id ; years		
Home Registration Search Patients Appointment Scheduling Counter Collection Taken Counter	Report Required Date Delect Refered doctor				
Change Role Logout	Haematology	Microbiology	Biochemistry	Histopathology	
Current Patient New Visit	☐ Hemoglobin(Hb) and Haematocrit(PCV)	□ Non Traponemal(RPR) and Traponemal(TPHA) Select	☐ HDL Chalesterol	Urine culture	
General Billing Lab Billing Package Billing	Total RBC count Blood Indices	□RA Factor(Latex)	LDL Cholesterol		Č
Bills & Receipts;	Total WBC count and Differential	Select CRP (Latex)	USUBLE Cholesterol USUBLE Cholesterol USUBLE Cholesterol USUBLE Cholesterol		

The Request for the lab test is sent from either the front office or the doctors work bench



PARAS	Name : Ravi sinha Corporate :CGHS Patent Id :16 Age: 25 years	
Home Registration Search Patients Appointment	Advance Amount 0.0	
Scheduling	General Lab Billing	
Counter Collection Taken Counter	Patient Details	
	Patient Id:16 Patient Name:Ravi Request id:28	
Change Role	Clinician Dr. Rajesh Babu Registration Date: 25-03-08	
Logout	Name:	
Current Patient	Test Details	
New Visit	Test Name Test Cost	
General Billing	Hemoglobin(Hb) and Haematocrit(PCV) 70	
Lab Billing	- Payment Details -	
Package Billing	Total Common Total	
attle to the section of	Remarks Amount 70	
bills & Receipts:	14042008	
View Visits	Bill Date Discount 0.0	
View Bills	Authorized Final 70	

Lab test can be done once the billing happens for the selected lab tests. The billing rates are maintained in the masters of the applications.



		User: sut	Role: Lab Sample C	ollection	Station: OPD Clir	nic 1 Change F	Role My Account	
Sample Collection	lf vo	ou know the Care	Recipientid, enter it in the	text box. If	f vou don't know Care	eRecipientId use So	earch CareRecipient	
Home	If you know the CareRecipientId, enter it in the text box. If you don't know CareRecipientId use Search CareRecipient							
Lab Tests Report	CareRecipient Id Goto LAB							
View Lab Report								
		From Date	02-10-2011	To Date	02-10-2011	Fetcl	n	
	Dogwood link							
		Request list						
		Order ID	CR Id, Name	<u> </u>	Request Status	<u>Status</u>	Test Name	

Once the billing happens, the requisition goes automatically to the sample collector screen under "Request list". The collector performs further action of collecting the sample for requested test.



	User: s	ut Role: Lab Tech	nician Sta	tion: OPD Clin	ilc 1 Chang	ge Role My	A
ab Technician							
Home	From Date 02-	10-2011	To Date 02-1	10-2011	F	etch	
Sample Rejection							_
Dispatch Samples		Spe	cimen To	Receive			
Dispatched Samples List	Comple Def M	OR ID	Name To	of Name	Comple Name	Deschard	
Lab Tests Report	Sample Ref N	umber CR ID/	Name 16	st Name	Sample Name	Received	
Search Lab Report			Test Lis	st			
	Sample R	ef Number	CR ID/Name	Test	Name	Test Status	
		Rejec	ted Lab Re	esults List			
	Sample Ref	f Number	CR ID/Name	Test	Reject Reason	Accept	
			Accept				

After sample is been collected it goes to the respective department for further result recording and undergoing various stages of billed,reported, recorded, approved, and rejected.



		User: sut Role: Lab Inchar	ge Station: OPD Clini	c 1 Change Role	My Account				
Lab Consultant	If you know the Car	reRecipientId enter it in the text h	ox If you don't know Carel	Recipientid use Search (CareRecipient				
Home/Result Approval	ii you kilow tile oui	If you know the CareRecipientId, enter it in the text box. If you don't know CareRecipientId use Search CareRecipient							
Search Lab Report		CareRecipient Id Goto LAB							
Lab Tests Report									
Rejected Lab Results	From Date	02-10-2011 To D	ate 02-10-2011	Fetch					
Search Report By ICD Code Lab Results for Approval									
IP-Consolidated Lab Report		240 1100	ano ioi rippiorai						
	Request ID Request	<u>Date</u> <u>CareRecipient ID/Nar</u>	ne Request Status	Sample Ref No	Reported Time				

Once the result is reported it comes to the "Lab In charge" screen which is reviewed by the incharge and accordingly a flag is generated whether it is correct or liable for rejection.

Test result screen



cord Result ow Dispatch ecimen		RECORD T	EST RESU	ILTS				
ange Rele pout	ID	TestName	Specimen	Test Field Name	Result Value	Reference Value	Unit	Method
	45	Hemoglobin(Hb) and Haematocrit(PCV)	Blood	Hemoglobin	13	13.5-18.0	g%	Сувля
	46		Blood	Haemotocrit	45	40-54	96	Oyenm

Screen to demonstrate how a test result looks and how it is captured in the system

Sample Test report



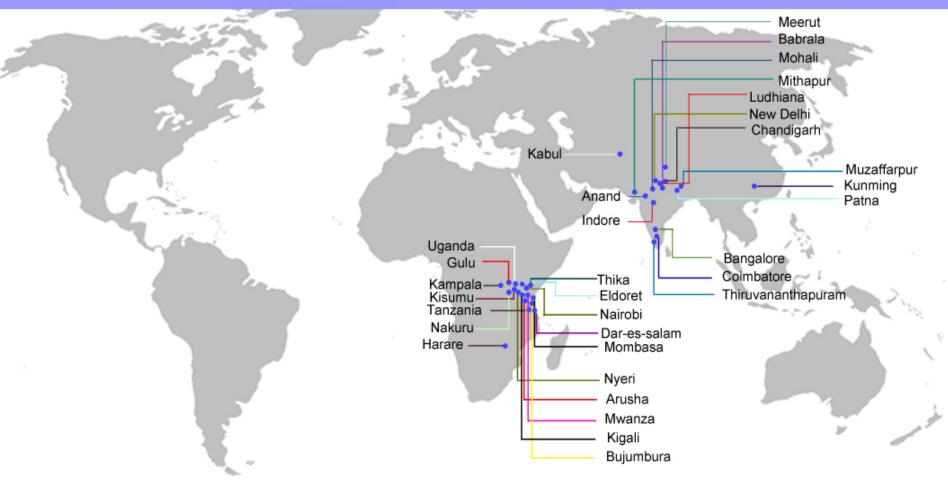
Patient Name	: Ravis	nha	Age/Sex	: 25/Male
OPD/IPO	: IPO		BH NO.	:16
Refered Doctor	:Dr.Rajesh Babu 1.P. NO.		1.P. NO.	:33
		Clinical Haematolog	y Test Report	
Specimen : Blood	Collected On : 14-04-200	02:37	Result Date : 14-04-2008	02:39
1. Test : 1-Hemoglobin(Hb) and	Haematocrit(PCV)			
Name	Results	Unit	Ref Range	Romarks
Hemoglobin	13	Q%	13.5-18.0	
Name	Results	Unit	Ref.Range	Remarks
Haemotocrit	45	%	40-54	
		End of Repo	rt	
Verified:				
		Results to be correlated clir	nically	

Sample clinical Haematology Test report

Sample Clientele - PARAS HMIS



PARAS HEALTHCARE MANAGEMENT SOFTWARE CUSTOMER FOOT PRINT



Thank you

Feedback / Questions?

