COMPUTERISATION OF MEDICAL STORE INDENTS : A PILOT STUDY.

Dear Editor,

The whole world has taken up computerisation to streamline procedures, reduce manpower requirement and to improve the accuracy of work. AMC, however, has yet to go in for the above in a big way. Unfortunately today an average AMC person (including one in the Air Force and Navy) generally has to spend more time on paper work than patient care. Computerisation of all patient records, statistical returns, medical indenting etc, will free these individuals to devote more time to actual patient care.

With the above in view the undersigned, while working at No.4 AF Hospital, took up a small pilot project (around June 92) for computerisation of medical indents. This task when done manually takes between 2 to 3 working days. With a lot of encouragement from CO, 4 AF Hospital and my OC, 20 Sqn, AF (whose computer was used), I worked in the free time available and produced a software which printed out the complete proforma within a matter of minutes. (A fictitious sample of which is enclosed as Appx 'A'). This software, made in GW Basic, had the advantage of being compatible with any IBM PC along with a 132 column printer. It could be used by a person not skilled in typing and could be taught to any service personnel in two days. The time taken to enter data and print out the proforma for around 60 drugs,

was between 15 to 30 minutes, depending upon the experience of the operator. The working version of the above software package was tested in Sep 92 and put to routine use in Nov 92. Further plans were to upgrade and convert the software to an EXE or COM File through Turbo 'C' or 'Q' Basic, thus making it more use friendly. Unfortunately no further work could be undertaken on the same and the whole project was aborted due to the undersigned being posted out to a small peripheral base. The same package however has been modified and is being used at this station sick quarters for medical indenting.

What is required is for such work to be done at a large hospital preferably in large towns where the latest information/help is available on computers/softwareing. The benefits of such works would be enormous as the same, with minor modifications, could be used by the three services all over India. Ideal cities for the above could be Delhi, Bangalore, Pune, Lucknow, Calcutta or Bombay where Command Hospitals with super specialist facilities are available as also AFMSDs.

I am not aware of work being currently done in this field and, Sir, through your columns would like to contact like minded officers for more information, to further my knowledge.

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