



IT MANUAL

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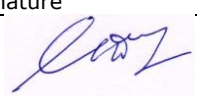
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1. Scope

Information Systems Department provides for the software, hardware and support needs of the patient care providers. This support includes, but is not limited to, the installation of new software systems, along with the hardware and training necessary to utilize such systems, and ongoing maintenance of current hardware and repair of such hardware. The Information Systems Department is an important part of the decision team used in making selections of appropriate software systems to provide support in short and long-term planning for the patient care information needs of the organization. Department is responsible for overseeing the timely processing, completeness, and when necessary, the retrieval of all medical and non-medical data.

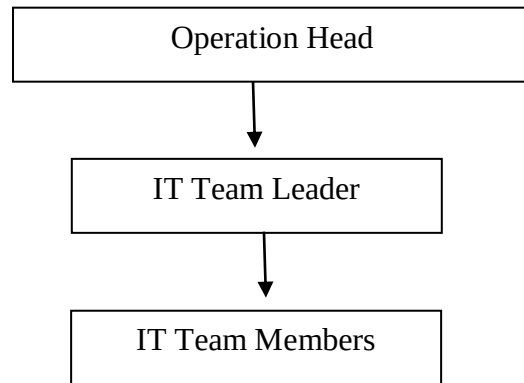
1.1. The scope of services also encompasses efforts made to provide:

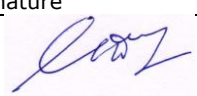
- Improved data accuracy.
- Demonstrated balance of proper levels of security versus ease of access.
- Use of aggregate data, available through computerized reporting in the Medical Records/Health Information Management Department, to assist all healthcare providers with information that allows for identification of opportunities to improve performance.
- Accessibility of the medical record at all times to only those authorized persons with a need to know for patient care.
- All documents received will be placed in the chart as soon as possible to ensure timely access to this information.

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2. Organogram



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3. HIS Access & Control Procedure

3.1. Purpose

This procedure is to establish the process of control of access to HIS modules by staff.

3.2. Scope

The procedure defines the process for granting access (use ID creation) and privileges, modifying privileges and deleting the access of employees to the HIS.

3.3. Procedure

- A module is authenticated by giving a user id and a password for access.
- The user level – roles are given to each user to limit the access.
- The roles are decided by the Head of the Department
- The log details, like the logging in and logging off timings of each user is noted for any future verification.
- The Password is decoded and stored, if there is any change in password, a letter from the Head of the department is given, the administrator resets the password.
- If any data is requested by anybody in the Hospital, we get proper requisition letter from the respective HOD and then provide the data.
- Hands on user training for each module are given when the module is installed in the system.
- If there is any change in the role of the employee while moving from one department to another, then the required module is authenticated for the user with the HOD's permission.
- The password is decoded and stored in the system, so as nobody in the IT section has a control over it, they could only reset it by giving a default password.

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4. Management of Hardware Assets

4.1. Purpose

This procedure is established to track, manage and maintain the IT related hardware assets of the hospital like computers, printers, UPS, Scanners etc.

4.2. Scope

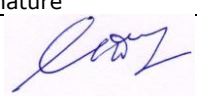
The procedure covers the management of the physical components of computers and computer networks, from acquisition through disposal. Common business practices include request and approval process, procurement management, life cycle management, redeployment and disposal management

4.3. Procedure

4.3.1. Hardware Acquisition Process—Any departments requiring new computer hardware, peripherals etc. will provide a written request to the EDP department. The same has to be approved by the Director. In case the EDP department does not have the required asset in stock or unused in another department; they will take approval of the director for purchase process. The specification will be finalized and at least three quotes will be submitted. Computers and laptops may be purchased from vendors based on pre-approved rates also.

4.3.2. Asset Register and Asset tagging – The EDP will maintain an up to date asset register with details of each asset with the following minimum particulars; make, model, configuration, serial number, asset tag number. Each of the asset will have an Asset Tag marked on a sticker or stenciled on the asset to identify it

4.3.3. Annual Maintenance &warranty – The EDP staff maintain files regarding AMC coverage of IT assets and also maintain information on the warranty validity of these assets.

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4.3.4.Re-use and reconfiguration – Whenever assets are re-configured / upgraded the information regarding the same including details of spares / components used are updated in the asset register. The same applies when parts of the assets are re-used in any manner

4.3.4. Disposal of Assets – For condemning and disposing IT assets the department will raise a request to the EDP department; who will then assess the reparability or re-usability of the asset. In cases where the same is not possible they will recommend for condemnation and seek approval from the Director. On approval from the Director the same will be shifted to the IT scrap storage area. The contents of the scrap storage will be given to authorized e-waste disposal agencies / recyclers.

4.3.5. Records

Asset Register

5. Management of Software Licenses

5.1. Purpose

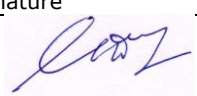
This policy and procedure is to advise all the hospital departments on the proper and legal use of computer software and provide various strategies and tactics for managing software license assets and ensure statutory and legal compliances

5.2. Scope

It is the policy of Saideep Healthcare & Research Pvt. Ltd. that the hospital and its departments shall work diligently to prevent and combat computer software piracy in order to give effect to copyrights associated with the computer software as per laws of the land.

5.3. Definitions

Software License

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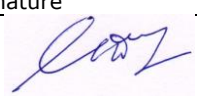
A **software license** is a legal instrument (usually by way of contract law, with or without printed material) governing the use or redistribution of software. All software is copyright protected, except material in the public domain. A typical software license grants an end-user permission to use one or more copies of software in ways where such a use would otherwise potentially constitute copyright infringement of the software owner's exclusive rights under copyright law

5.4. Procedure

5.4.1. Software License Inventory - The EDP department will maintain the current inventory of the software licenses. The inventory taking will include the analyzing the various software products installed in all the hospital computers. The inventory list of the existing software license should include the following; product name, version, type of license, expiration date and purchase reference. Once further additional licenses are required and purchased same shall be included in the inventory.

5.4.2. Bi-Annual Audits of Installed Software – The EDP staff will conduct thorough audits of all software installed in the desktops and laptop computers used in the hospital. The audit will determine whether any of departments are using unlicensed software and also identify that software that are no longer required, and ensure action to eliminate unnecessary license expenses

5.4.3. Software License File – The EDP department will maintain a file with proof of ownership for all installed software. These include paid invoices, download records, copies of Proof of Licenses / Certificate of Authenticity (especially for pre-installed software, OS etc.)

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5.4.4. Records

1 Software Inventory Register

2. Bi-Annual Audit report

6. Storage and Backup

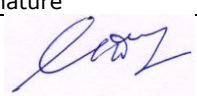
- ✓ The Data is stored in the Server and it is protected by a user name and password.
- ✓ Regular backups are taken on hourly basis and if there is a crash we will be able to recover data to that point of time. No loss of data.
- ✓ A physical backup of the server is taken once in 3 months in order to recover the database in case of failures.
- ✓ A source backup of the HIS modules are taken regularly on daily basis.
- ✓ There is a SAN storage box which takes care of all the data storage which includes for the servers like HIS, PACS & EMR
- ✓ A backup of the data is kept in another machine parallel, so as to minimize the time of recovery
- ✓ We have a HDD backup, a secondary storage device, which is kept in a different location in the same campus.

7. User Training

- ✓ Hands on user training for each module are given when the system is installed in the system.
- ✓ Periodically training is given to new employees for their respective modules.
- ✓ Common modules used by all the employees, are given for the training group.
- ✓ Existing employees are given training when an enhancement takes place in the existing modules.

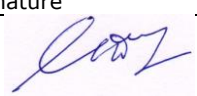
8. Records in the Department

A. IT Log Book

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- B. IT Infra Detail Register
- C. Complaint Register
- D. Component and peripheral issue register
- E. Daily round Report Register
- F. Daily Meeting Register
- G. Hardware Interior Report (softcopy is maintained)
- H. IP Address Details (softcopy is maintained)
- I. HIS Training Record
- J. Service call register
- K. HIS Updation Report
- L. Biometric Backup

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DISASTER RECOVERY POLICY AND OPERATIONAL PLAN

For Hospital Information System (HIS) Failure

1. Purpose

The purpose of this policy is to establish a structured **Disaster Recovery (DR) framework** to ensure continuity of hospital clinical, administrative, and financial operations in the event of a **Hospital Information System (HIS) failure**.

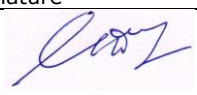
The policy aims to:

1. Ensure uninterrupted **patient care and safety**.
2. Maintain **availability and integrity of clinical information**.
3. Provide **structured manual workflows** during HIS downtime.
4. Define **roles, responsibilities, and escalation pathways**.
5. Establish **data recovery and system restoration procedures**.
6. Ensure compliance with **NABH standards and ISO 27001 information security requirements**.

2. Scope

This policy applies to:

- Complete failure or outage of the **Mednet HIS 2.0 system**
- Server or database failure affecting HIS availability
- Network outages affecting HIS access
- Cybersecurity incidents affecting HIS operations
- Power failure impacting HIS infrastructure

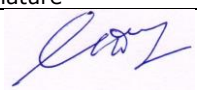
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The policy covers:

- Clinical workflows
- Registration
- Laboratory
- Radiology
- Pharmacy
- Nursing documentation
- Billing and discharge
- Data recovery

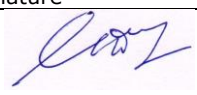
This policy **does not cover other IT systems** unless their failure directly impacts HIS functionality.

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3. Definitions

Term	Definition
HIS	Hospital Information System used for clinical and administrative functions
Disaster Recovery (DR)	Process of restoring IT systems and data after failure
Downtime	Period during which HIS is unavailable
RTO	Recovery Time Objective – maximum acceptable time to restore system
RPO	Recovery Point Objective – maximum acceptable data loss window
DR Team	Designated team responsible for recovery actions
Manual Mode	Temporary paper-based workflow used during HIS outage

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4. Regulatory and Accreditation References

This policy aligns with:

NABH Standards

- Information Management System (IMS)
- Continuous Quality Improvement (CQI)

Key expectations include:

- Availability of clinical records
- Continuity of patient care
- Backup and recovery systems
- Downtime procedures

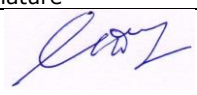
ISO 27001 Controls

Relevant clauses include:

- A.5 Information Security Policies
- A.8 Asset Management
- A.12 Operations Security
- A.17 Information Security Aspects of Business Continuity Management

Other Healthcare Governance Practices

- ITIL incident management principles
- Healthcare IT continuity best practices

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5. Roles and Responsibilities

5.1 Hospital Management

Responsibilities include:

- Approving disaster recovery policy
- Ensuring availability of DR resources
- Oversight of incident response
- Ensuring patient safety during HIS outages

5.2 Information Technology Department

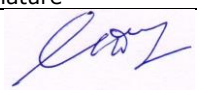
Primary responsibilities:

- Monitoring HIS system health
- Detecting and diagnosing failures
- Initiating disaster recovery procedures
- Coordinating with HIS vendor
- Restoring servers and databases
- Maintaining backup infrastructure

5.3 HIS Vendor Support Team

Responsibilities include:

- Providing technical troubleshooting
- Supporting database recovery
- Assisting in system restoration
- Validating HIS functionality post recovery

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5.4 Clinical Departments

Responsibilities include:

- Implementing **manual documentation procedures**
- Maintaining patient care documentation
- Ensuring continuity of clinical decision making

5.5 Nursing Department

Responsibilities include:

- Maintaining nursing charts manually
- Recording medication administration
- Monitoring vital signs documentation

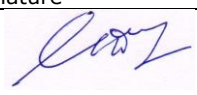
5.6 Medical Records Department (MRD)

Responsibilities include:

- Maintaining temporary patient records
- Managing downtime documentation
- Ensuring post-recovery data entry into HIS

5.7 Finance / Billing Department

Responsibilities include:

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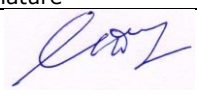
- Maintaining manual billing records
- Recording services during downtime
- Reconciling billing data after restoration

6. Risk Assessment

Potential causes of HIS failure include:

Risk Category	Examples
Hardware Failure	Server crash, storage failure
Network Failure	Switch failure, LAN outage
Software Failure	Application crash
Database Issues	Data corruption
Cybersecurity Incident	Ransomware or malware
Power Failure	UPS failure
Human Error	Incorrect system configuration

Risk assessment is conducted **annually by IT and Quality departments.**

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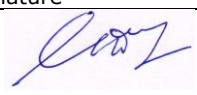
7. Disaster Recovery Governance Structure

7.1 Disaster Recovery Team

Role	Responsibility
DR Coordinator (IT Head)	Leads recovery operations
IT Infrastructure Lead	Server restoration
Database Administrator	Database recovery
Clinical Coordinator	Clinical workflow continuity
Nursing Supervisor	Nursing documentation
MRD Head	Records management
Finance Manager	Billing continuity

7.2 Escalation Hierarchy

1. IT Helpdesk
2. IT Manager
3. DR Coordinator
4. Hospital Administration
5. HIS Vendor Support

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8. HIS Downtime Management Plan

Upon confirmation of HIS outage, hospital operations shift to **Manual Mode**.

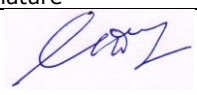
8.1 Patient Registration

1. Use **Downtime Registration Form**.
2. Assign **Temporary Registration Number (TRN)**.
3. Record:
 - Patient name
 - Age / Gender
 - Contact details
 - Department
4. Maintain **chronological register**.

8.2 OPD Consultation

Process:

1. Patient receives **manual OPD sheet**.
2. Doctor records:
 - History
 - Examination findings

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- Diagnosis
- Prescription

All prescriptions must be **signed and stamped**.

8.3 IPD Admission

Procedure:

1. Admission recorded in **Manual Admission Register**.
2. Bed allocation recorded by nursing station.
3. Unique **Temporary IPD Number** assigned.

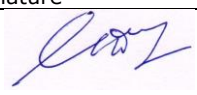
8.4 Clinical Documentation

All clinical records documented manually:

- Progress notes
- Procedure notes
- Treatment plans

Each entry must include:

- Date
- Time
- Signature
- Name of clinician

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8.5 Medication Orders

Doctors write **manual medication orders**.

Nursing staff:

- Maintain **Medication Administration Record (MAR)**
- Document drug name, dose, time, signature

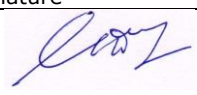
8.6 Laboratory Requests

Procedure:

1. Use **Manual Lab Request Form**.
2. Sample labeled with:
 - Patient name
 - Temporary number
3. Results recorded on printed report.

8.7 Radiology Requests

1. Manual requisition form used.
2. Radiology department records procedure.
3. Reports printed and attached to patient file.

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8.8 Pharmacy Dispensing

Pharmacy workflow:

1. Verify prescription.
2. Dispense medication.
3. Record in **manual pharmacy register**.

8.9 Nursing Records

Nurses maintain:

- Vital chart
- Intake-output chart
- Medication administration record

8.10 Billing and Discharge

Billing department:

1. Maintain **manual billing sheet**.
2. Record all services.
3. Final billing generated after HIS restoration.

9. Manual Backup Procedures

Downtime documentation includes:

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- Patient registration forms
- Laboratory request forms
- Radiology request forms
- Pharmacy dispensing log
- Nursing charts
- Billing sheets

All records must be **stored securely for later HIS entry.**

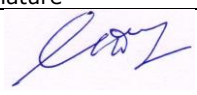
10. Data Backup and Recovery Strategy

Backup Types

Type	Description
Full Backup	Complete database copy
Incremental Backup	Changes since last backup (Not performed)
Transaction Log Backup	Continuous database protection

Backup Frequency

Backup Type	Frequency
Full Backup	Daily
Incremental Backup	Every 4 hours
Transaction Logs	Every 30 minutes

Recommended By	Signature	Approved By	Signature
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Backup Storage

Backups stored in:

- On-site backup server
- Secure offline storage
- Optional cloud backup

Data Integrity Validation

Regular validation includes:

- Backup restoration testing
- Data checksum verification
- Audit log review

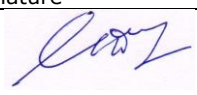
11. System Recovery Procedures

Step 1: Incident Detection

Failure detected by:

- IT monitoring system
- User reporting

Incident logged in **IT incident register**.

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Step 2: Initial Assessment

IT team evaluates:

- Scope of outage
- System components affected

Step 3: Vendor Notification

HIS vendor support contacted immediately.

Step 4: Infrastructure Restoration

IT team restores:

- Server infrastructure
- Network connectivity
- Storage systems

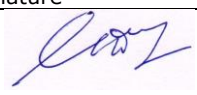
Step 5: Database Recovery

Database restored from **latest verified backup**.

Step 6: System Validation

Testing includes:

- Login access
- Patient registration

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- Clinical documentation
- Lab / pharmacy orders

Step 7: Controlled Restart

Departments gradually resume **normal HIS operations**.

12. Recovery Time Objective (RTO) and Recovery Point Objective (RPO)

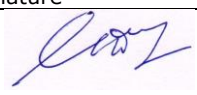
Parameter	Target
RTO	4–6 hours
RPO	≤ 30 minutes

13. Communication Plan

Internal Communication

Notification channels:

- Hospital email
- Department heads
- Nursing supervisors

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Vendor Communication

Vendor contacted through:

- Support portal
- Dedicated technical hotline

Department Notification

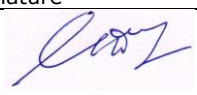
All departments informed about:

- HIS outage
- Switch to manual mode
- Recovery status

14. Post-Recovery Data Reconciliation

After system restoration:

1. Manual records entered into HIS.
2. MRD validates patient records.
3. Billing reconciles services provided.
4. Audit trail maintained.

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15. Testing and Simulation

DR drills conducted **annually**.

Testing includes:

- HIS outage simulation
- Manual workflow activation
- Recovery validation

Evaluation report prepared by **Quality Department**.

16. Documentation and Record Keeping

The following records are maintained:

- Incident reports
- DR drill reports
- Backup logs
- Recovery logs

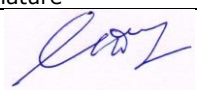
Records retained for **minimum 3 years**.

17. Training and Awareness

Training includes:

- HIS downtime procedures
- Manual documentation practices
- Incident reporting protocols

Training conducted:

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- During induction
- Annual refresher programs

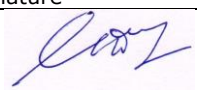
18. Monitoring and Continuous Improvement

Periodic review conducted through:

- Incident analysis
- DR drill outcomes
- Audit findings

1. NABH Accreditation Standards for Hospitals, 6th Edition – IMS 1

Sl. No	Current Revision			Nature of Change
	Edition No	Revision No.	Date	
2	01	01	1 Nov 2020	For compliance as per NABH Hospital Standards 5th Edition
3	01	01	1 Jan 2022	No changes.
4	01	02	1 Jan 2025	Amended as per the 6 th Edition

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Saideep Sahyadri Hospital IT Department Yearly Maintenance Calendar Year 2026

SN	Activity	System/Asset	Responsible Person	Frequency	Remark
1	Server Backup Verification and Server Health Checkup	Database Server	IT Admin	Monthly	
2	Network Equipment Inspection	Router & Switches	IT Admin	Quarterly	
3	Elv Room Cleaning and Maintenance	Network rack	IT Team	Monthly	
4	Software License Review	All Software	IT Manager	Yearly	
5	Antivirus Update Check	All PCs	IT Team	Quarterly	
6	Firewall Security Review	Firewall	IT Admin	Quarterly	
7	Hardware Cleaning	PCs & Servers	IT Team	Half Yearly	
8	Patch Management	OS & Applications	IT Team	Quarterly	
9	Disaster Recovery Drill	Backup Infrastructure	IT Team	Yearly	
10	Network Performance Test	LAN/WAN	IT Team	Quarterly	
11	Storage Health Check	NAS/SAN	IT Admin	Quarterly	
12	CCTV Surveillance Review	NVR/CAM	IT Team	Quarterly	

