



Program Utilization and Satisfaction of One Hospital Command System

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Abstract

This study determined the extent of utilization and satisfaction of personnel operating the One Hospital Command System (OHCS) established by the Himamaylan City Health Office. A correlation methodology was employed, wherein data was collected from 181 healthcare professionals trained on the operation of the OHCS. The study revealed that many Health Workers lacked technical expertise, and software responsiveness was a major issue which suggested a user's friendly system. Furthermore, the personnel utilization on software responsiveness got a mean score of 2.566 which was interpreted as moderately utilized, while personnel satisfaction on software responsiveness got a mean score of 2.162 which was interpreted as not satisfied. These challenges highlighted the need for improved training and system upgrades. Moreover, a notable correlation result of 0.121 (Spearman Correlation) was discovered between the extent of utilization and extent of satisfaction of personnel utilizing the OHCS, with p-value of 0.024, emphasizing the significance of tackling these operational difficulties. The most challenging aspect of the service was the software's responsiveness, which required enhancements in internet connectivity, hardware support, and computer maintenance. Conversely, there were less difficulties experienced during the process of admitting patients. These findings indicated that specific health personnel interventions, such as training programs aimed at improving technical abilities and software usability, were crucial for enhancing the overall performance of the OHCS in Himamaylan City, Negros Occidental, Philippines.

Keywords: OHCS, Utilization, Satisfaction, Software Responsiveness

Introduction

The World Health Organization acknowledges the strategic management of the Online Medical Hospital Referrals as a modality in enhancing health care worldwide. In fact, the One Hospital Command System is a novel program designed by the WHO and was introduced to the Philippines for implementation and evaluation (WHO, 2021).

One Hospital Command System (OHCS) was originally created in 2020 to address the Health Care navigation and referral concerns of patients with or without COVID-19 (DOH, 2020). The OHCS is the most current online platform of patient referral in the province.

However, little is known about differences in admissions patterns among patient groups or the extent of the rebound. In the study of approximately one thousand medical admissions from various provincial hospitals in the Philippine archipelago, most Provincial Health Offices found significant declines in non-COVID-19 admissions from February to April 2020 (Department of Interior & Local Gov't., 2020). One major reason of this dilemma is due to patients' anxiety of COVID-19 nosocomial transmission.

The Department of Health (DOH) and the Inter-agency Task Force on Emerging Infectious Diseases (IATF-EID), in coordination with the Department of Interior Local Government (DILG), officially launched the One Hospital Command Center (OHCC) to serve as a main solution on the increasing cases of home deaths and ensures efficient patient admission in hospitals all around the country. The OHCC will also facilitate medical transport and patient pick-up arrangements, provide health system capacity data analytics and risk communications, and optimize the use of critical care services of every hospital in the area.

On the other hand, the OHCS software application has been a baseline tool for referral & admission of patients from all levels of government health care facility for almost 2 years since its inception in 2021. However, there is no existing research yet that depicts the level of satisfaction of OHCS users, particularly among physicians, nurses, midwives, and barangay health workers (DILG, 2020), thus this study entitled the Program Utilization and Satisfaction of One Hospital Command System, will serve as a local baseline and to understand the satisfaction level of health care workers utilizing the said software.

The results of this study will have a significant impact on the health care delivery system of the Province of Negros Occidental and could possibly influence the decisions of policy makers for better health service provisions.

Finally, this research study can also serve as basis for further research relative to one hospital command system and for the improvement of information technology system under the Universal Health Care Law (UHC) and the norms of the Department of Information, Communication and Technology (DICT).

Literature Review

Impact of Demographic Profile on Health Technology Information System Globally

Young adults and senior citizens are most likely to look up health information on the internet than middle-aged adults. Young adults usually search for information about their condition and the meaning of their lab results. Middle-aged adults search for information about their condition and information on nutrition and weight loss. Senior citizens search for information concerning their medications and the meaning of their lab results (Nevvro, 2022).

Young adults are most receptive to completing the check-in process for their clinic visit using their phone and would opt for the convenience of Web-based audiovisual clinic visits, prefer smartphone access, and have a high use of the PHRs for convenience.

Development of Hospital Command Systems Globally

The One Hospital Command System (OHCS) began as a strategic solution to address the growing complexity of healthcare delivery and the requirement for coordinated emergency management. The devised concept optimized hospital operations, boost resource allocation, and facilitate communication among healthcare practitioners. The origins of its implementation attributed to the adoption of incident command systems (ICS) in several industries, including healthcare.

Initially developed for the purpose of disaster response, these systems have been modified to enhance further regular hospital operations and significant public health crises (Smith et al., 2021). The system became widely recognized during the COVID-19 pandemic as healthcare systems globally acknowledged the necessity for more cohesive and adaptable approaches to unexpected difficulties (Lee & Chen, 2021).

Development of One Hospital Command System Locally

Establishing the One Hospital Command System was a strategic measure in reaction to the COVID-19 epidemic. Its purpose is to coordinate the effective distribution and use of healthcare resources nationwide. The OHCS, as stated by the Department of Health (2020), functions as a centralized referral system that efficiently allocates patients and prevents hospitals from being overburdened or underutilized. Navarro et al. (2021) emphasized the system's function in optimizing communication between healthcare institutions, expediting patient transfers and decreasing waiting times. Limpin and Dans (2020) emphasized the significance of this method in effectively handling the rapid increase of COVID-19 cases, particularly in Metro Manila. The system's efficacy supported the research conducted by David et al. (2021), highlighted its role in mitigating the burden on tertiary hospitals by diverting cases to suitable healthcare institutions.

Cabrera and Villanueva (2020) examined the incorporation of telemedicine into the OHCS, enabling increased availability of medical consultations without requiring patients to visit the hospital physically. This invention enhanced viral transmission mitigation and accessibility of healthcare services to rural places. The success of the system attributed to the cooperative efforts of several stakeholders, such as local government units (LGUs), private hospitals, and non-governmental organizations (Pavia and Tanco, 2021). Reyes and Soriano (2020) state that the ongoing advancement of the OHCS is propelled by the utilization of data analytics and real-time monitoring, enabling proactive decision making.

Related Studies on One Hospital Command System

There are several mechanisms on how to implement the One Hospital Command System (OHCS) worldwide, with each deployment tailored to the specific healthcare circumstances and problems of the local area. Wang et al. (2021) conducted a study in China to investigate the effect of the centralized hospital coordination system in managing the distribution of COVID-19 patients. The study focused on the importance of real-time data exchange and resource allocation. Similarly, the reaction of the United Kingdom's National Health Service (NHS), as examined by Smith and Brown (2020), involved the establishment of a hospital command center to efficiently coordinate patient transfers and successfully handle patient volumes. Garcia et al. (2021) examined Spain's healthcare system and found that it used digital technologies in its centralized health command system to improve efficiency throughout the crisis.

Singh and Sharma (2020) conducted a study on India's adoption of a hospital command system, which they observed to play a crucial role in effectively coordinating healthcare services across a large healthcare network. Ahmed et al. (2021) investigated the implementation of a hospital coordination center in Pakistan, with a focus on improving patient care and distributing resources efficiently. The hospital command system in Egypt, as analyzed by Omar and Said (2021), efficiently optimized patient care and resource allocation amidst the COVID-19 pandemic.

OBJECTIVES OF THE STUDY

The study sought to determine the program utilization and satisfaction of the One Hospital Command System (OHCS) in the City Health Office of Himamaylan.

Specifically, the study sought to answer the following questions:

1. Determine the profile characteristics of the health care personnel in the One Hospital Command System of Himamaylan City in terms of age, sex, civil status, length of service, educational attainment, work position (Nurses, Midwives, BHW).
2. Determine the extent of Utilization of the One Hospital Command System of Himamaylan City Health Office as a whole and in terms of the following operational areas: Diagnosis and Referral; Software responsiveness; Admission and provision
3. Determine the extent of satisfaction of personnel of the One Hospital Command System of Himamaylan City Health Office as a whole and in terms of the operational areas.
4. Determine the significant difference on the extent of Utilization of the One Hospital Command System of Himamaylan City Health Office as a whole and in terms of personnel profile.
5. Determine the significant difference on the extent of Satisfaction of personnel of the One Hospital Command System of Himamaylan City Health Office as a whole and in terms of personnel profile.
6. Determine the significant relationship between the extent of utilization of the One Hospital Command System and the extent of satisfaction of personnel of OHCS of Himamaylan City Health Office when taken as a whole a grouped according to the operational areas.
7. Determine the Challenges encountered by Personnel of Himamaylan City Health Office during the operation of the One Hospital Command System.
8. Create strategy development interventions to improve the implementation of the One Hospital Command System in Himamaylan City Health Office.

Methodology

Research Design

The nature of this study called for a correlational method of research. This study was conducted in the Local Government Unit of Himamaylan City. Particularly the City Health Office including the 19 Barangay Health Stations where the Barangay Midwives and BHWs are stationed.

Respondents

The City Health Office human resource for health is composed by 30 registered nurses, 50 midwives and 250 Barangay Health Workers, for a total of 330 population.

Sampling Techniques

Simple Random sampling statistical method was used in which everyone in a population has an equal chance of being selected into a sample. This study used a modified instrument based from the previously developed survey instruments of the Consonance Theory of Client Satisfaction.

Research Instrument

An existing modified questionnaire was made, to assess the extent of utilization, and to determine the extent of satisfaction based on the Consonance Theory of Client Satisfaction and Rozzano Locsin Technological Competency of Nursing. The questionnaire underwent experts' validation using the Good and Scates Eight Point Criteria for Validation. The validators were composed of 5 individuals including 2 researchers from a State University, 1 doctor, and 2 nurses who are experts in the field of OHCS where they would ascertain that the instrument will yield data that could answer the statement of the problems identified. The instrument has a validity mean rating of 4.43, interpreted as valid.

The questionnaire also underwent reliability testing through Chronbach's Reliability test and was administered to 37 individuals including 7 Nurses, 10 Midwives, and 15 BHWs. The reliability coefficient was 0.86 make the instruments reliable.

The researcher coordinated to all employees of concern. Upon the conduct of the study, the researcher personally administered the research instrument to the respondents, explained the purpose of the study and assured the participants in terms of confidentiality. The data gathered were organized, retrieved, tabulated, analyzed, and interpreted by the researcher to answer specific statements of the problem.

Data Gathering Procedure

Before the creation of the concept of the Utilization and Satisfaction of the One Hospital Command System, it had been a common challenge in the City Health Office of Himamaylan on how to effectively implement and operate the OHCS program, especially among health workers. These challenges were common on the methods on how to encode and generate diagnosis; computer software and connectivity; and prompt response from the hospital where the patient was referred. These problems became the focus of intervention for the researcher to work on.

Upon the approval of the research proposal, a letter of request was sent to the Dean of the Graduate Studies of State University of Northern Negros asking permission to conduct the soonest possible time.

Then, the researcher sent another letter to the City Mayor and the City Health Officer asking permission to conduct the study to the City Health employees employed in the year 2022-2023.

The researcher coordinated to all employees of concern. Upon the conduct of the study, the researcher personally administered the research instrument to the respondents, explained the purpose of the study and assured the participants in terms of confidentiality.

The data gathered were organized, retrieved, tabulated, analyzed, and interpreted by the researcher to answer specific statements of the problem.

A total of 330 health workers were determined through human resource master list of employed personnel. Simple random sampling method was applied to delimit the sample population to 181 respondents.

The selection of 181 respondents (sample) were based on the following criteria: personnel could be a male or female; single or married; could be an elementary, high school, or college level or graduate; with age ranging between 18-65 years old; and most especially had received certificate of training on OHCS from the City Health Office of Himamaylan. Physicians working under the City Health Office were not included due to their limited number (5 City Physicians including the City Health Officer) and inconvenience to their duty schedule rotations.

Finally, SPSS statistical computation system in coordination with the external Statistician, was used to generate the results of this study.

Findings and Discussions

A. Profile Characteristics

Table 1. Profile of Healthcare Workers (n=181)

Profile	Frequency Count (n)	Percentage Distribution (%)
Age		
30 & below	19	10.77
31 - 49	96	53.08
50 & above	66	36.15
Sex		
Male	25	13.85
Female	156	86.15
Educational Attainment		
Elementary	19	10.77
High School	67	36.92
College	95	52.31
Marital Status		
Single	26	14.62
Married	155	85.83
Length Of Service		
1-5 years	104	57.69
6-10 years	41	22.31
11 above	36	20.00
Work Position		
Nurse	30	23.08
Midwife	42	15.38
BHW	109	61.54
TOTAL	181	100.00

Majority of the respondents' age range were 31-49 years old (96 persons or 53.08%), followed by 50 years old and above (66 persons or 36.15%), and lastly 30 years old and below (19 persons or 10.77%). This implied that most of the respondents had an age of 31-49 years old. This is also supported by a research study by the United States Health Department (2020) that most of health workers engaged in Medical Service Information Technology and Records were between 30 to 50 years old.

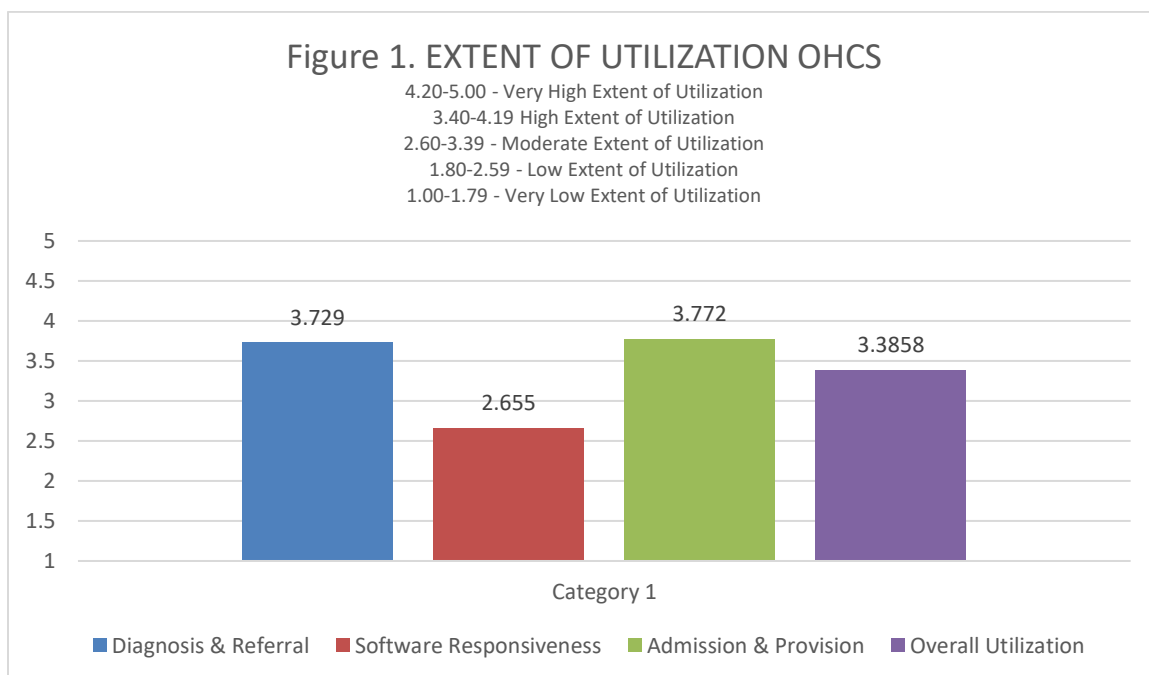
Moreover, in terms of sex, most respondents were females (156 individuals of 86.15%) and male (25 individuals or 13.85%) respectively. This meant that majority of the respondents are female. This is supported by a research study conducted by the Philippine Statistics Authority (2020) that female health workers comprised 72% (7 in every 10) of the whole medical health team population in the Philippines.

Meanwhile, in terms of educational attainment, most health workers were college graduates (95 individuals or 52.31%), followed by high school graduates (67 individuals or 36.92%), and lastly elementary graduates (19 individuals or 10.77). this implied that the majority of the respondents were college graduates.

Furthermore, in terms of marital status, most health workers were married (155 married individuals or 85.38%), and single health workers have the least (26 individuals or 14.62%). This implied that majority of the respondents were married.

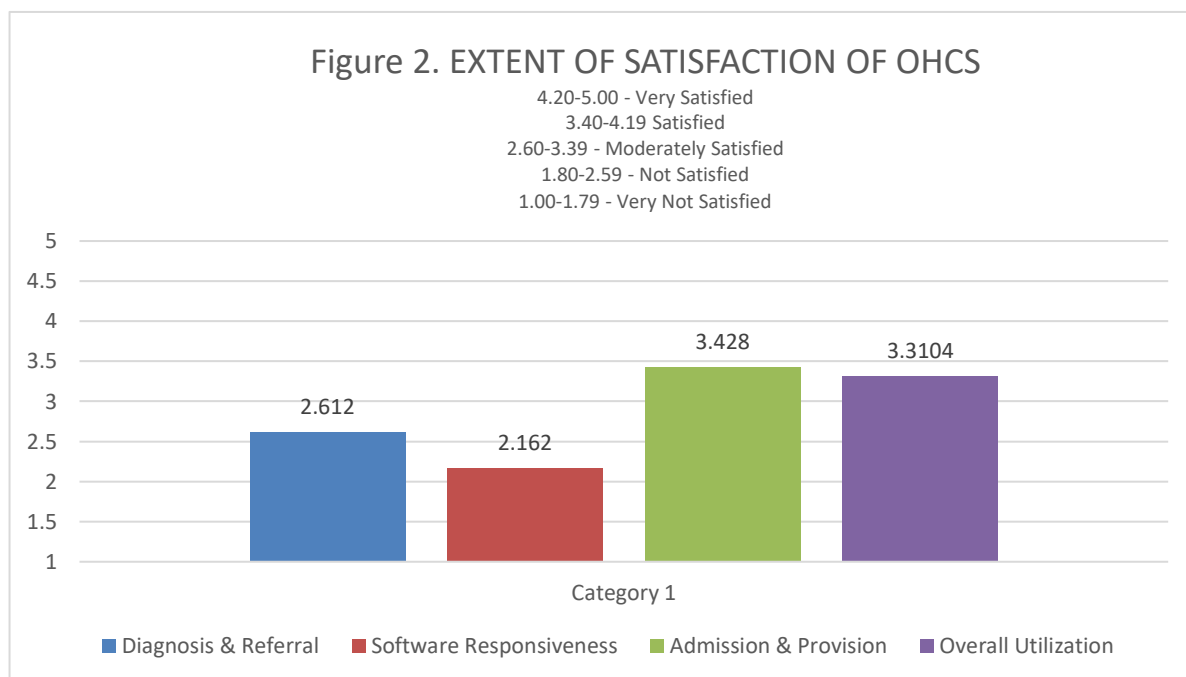
Lastly, as to the work position, majority of the respondents worked as BHW with a total of 109 respondents or 61.54%, followed by nurses with a total of 30 respondents or 23.08%, and lastly midwives with a total of 42 respondents or 15.38%. This implied that majority of respondents are BHWs.

B. Extent of Utilization of the One Hospital Command System of Himamaylan City Health Office.



All in all, results showed that the extent of One Hospital Command System Utilization was moderate. This meant that health workers degree of scope towards OHCS utilization is not that necessarily suited for a day to day health care routine in the City Health Office of Himamaylan. Although the Department of Health (2022) explained that medical information system is vital for day-to-day medical utilization to ensure efficiency of data services, the OHCS had some areas needed to be further developed. In addition, the result also depicted that among the three areas of the OHCS, the software responsiveness also got a moderate extent of utilization score. This meant that health workers scope of utilization towards software responsiveness was the least to be utilized. This could be due to the fact that health workers had limited access and skills in troubleshooting software necessities. This is supported by Department of information and Communication (2023) which stated that health workers needed enough technical information technology skills to assist in the delivery of health care services using information technology.

C. Extent of Satisfaction of the One Hospital Command System of Himamaylan City Health Office.



All in all, results showed that the extent of One Hospital Command System Satisfaction was Moderately Satisfied. This meant that health workers perceived that the OHCS operation needed a room for more improvement as it presented moderation as to satisfaction. This is also supported by the Department of Health (2022) which explained that medical information system evolved from time to time, and the Philippine Government continued to strengthen its foundation to enhance the development the information technology system especially in health care. Meanwhile, software responsiveness got a mean score result interpreted as Not Satisfied. This meant that health workers perceived that health workers experienced some degree of difficulty as to software responsiveness functions and operations. This can be due to the fact that health workers had limited access and skills in troubleshooting software necessities. This is supported by Department of information and Communication (2023) which stated that health workers needed enough technical information technology skills to assist in the delivery of health care services using information technology.

D. Significant Difference on the Extent of Utilization of the One Hospital Command System of Himamaylan City Health Office as a whole and in terms of personnel profile

In terms of age, the result presented a no significant difference result. This meant that the age variables of personnel most likely do not affect the utilization of OHCS. This is supported by the study of Ederrson (2018) on his study on the technological competence of health workers, he discussed that the age of respondents does not create impact towards the efficiency and extent of utilization of technological skills.

In terms of sex, both male and female sexes got a no significant difference result. This meant that the respondents' sexes most likely do not affect the extent of utilization of OHCS. This is supported by the study of Pedrosa, 2017, which depicts that sexes may not totally influence the overall performance of a worker especially when utilizing online software application.

In terms of the educational attainment, results showed that there was a significant difference. This meant that the educational attainment of respondents most likely influenced the perception on the extent of utilization of OHCS. This is also supported by the Study of Pedrosa, 2017 which depicted those personnel with higher educational attainment had a greater chance to perform highly operational skills with efficiency and productivity.

In terms of the work position, results showed that there was a significant difference. This meant that the greater the work position of respondents and the job title and its corresponding responsibilities most likely influence the perception on the extent of utilization of OHCS. This is also supported by the Study of Pedrosa, 2017 which depicts

those personnel with substantial job skills and higher job positions has greater chance to perform highly operational skills with efficiency and productivity.

As to the length of service, all got a no significant difference result. This meant that the respondents' years of stay in the service most likely do not influence the extent of utilization of OHCS. This is supported by the study of Pedrosa, 2017, which depicted that the length of years does not define the expertise of an individual, it is on the personnel's ability and capacity while growing through the years does. The result may not totally influence the overall performance of a worker especially when utilizing online software application.

Finally, as to marital status, both single and married respondents got a result of no significant difference. This meant that the marital status of respondents most likely do not influence the perceived extent of utilization of OHCS. This is supported by a study conducted by Ritz (2020) which focused on the perception and efficiency of technological related programs to every Filipino family, which resulted to a conclusion that the marital status do not influence the perception towards the technological related programs.

Table 2. Difference Analysis on the extent of Utilization of the One Hospital Command System of Himamaylan City Health Office as a whole and in terms of personnel profile

OHCS Operational Areas	Age			Sex			Civil Status		
	p. value	DEC	INT	p. value	DEC	INT	p. value	DEC	INT
Overall System	0.402	Failed to reject Ho	Not Significant	0.442	Failed to reject Ho	Not Significant	0.082	Failed to reject Ho	Not Significant

TABLE 2.1

OHCS Operational Areas	Length of Service			Educational Attainment			Work Position		
	p. value	DEC	INT	p. value	DEC	INT	p. value	DEC	INT
Overall System	0.096	Failed to reject Ho	Not Significant	0.000	Reject Ho	Significant	0.010	Reject Ho	Significant

E. Significant Difference on the extent of Satisfaction of the One Hospital Command System of Himamaylan City Health Office as a whole and in terms of personnel profile

In terms of age, the result presented a no significant difference result. This meant that the age variables of personnel most likely do not influence the satisfaction of personnel towards OHCS. This is supported by the study of Ederrson (2018) on his study on the technological competence of health workers, he discussed that the age of respondents does not create impact towards the efficiency and extent of satisfaction of technological skills.

In terms of sex, both male and female sexes got a no significant difference result. This meant that the respondents' sexes most likely do not influence the extent of satisfaction of personnel towards OHCS. This is supported by the study of Pedrosa, 2017, which depicted that sexes may not totally influence the overall performance of a worker especially when utilizing online software application.

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Table 3. Difference Analysis on the extent of Satisfaction of the One Hospital Command System of Himamaylan City Health Office as a whole and in terms of personnel profile

OHCS Operation al Areas	Age			Sex			Civil Status		
	p. value	DEC	INT	p. value	DE C	INT	p. value	DEC	INT
Overall System	0.403	Failed to reject Ho	Not Significant	0.145	Failed to reject Ho	Not Significant	0.427	Failed to reject Ho	Not Significant

OHCS Operation al Areas	Length of Service			Educational Attainment			Work Position		
	p. value	DEC	INT	p. value	DEC	INT	p. value	DEC	INT
Overall System	0.111	Failed to reject Ho	Not Significant	0.000	Reject Ho	Significant	0.007	Reject Ho	Significant

F. Significant Relationship between the extent of Utilization of the One Hospital Command System and the extent of Satisfaction of Personnel of OHCS of Himamaylan City Health Office when taken as a whole a grouped according to the operational areas.

All in all, results showed that there is a significant relationship between the extent of utilization of personnel in OHCS and their extent of satisfaction. This only meant that the personnel utilization most likely does influence the satisfaction of personnel towards OHCS particularly in the field of diagnosis and referral, software responsiveness, and admission and provision of services. This is also supported by the study of Revoche (2022) which emphasized the efficiency of health programs of the government in relation to the health workers' profile. The researcher

discussed that the health workers' day to day operation and utilization as to his or her working position may influence their perceptions, satisfaction, and performance as to work assignments. On contrary, it is also depicted that personnel satisfaction is co-existent to the utilization. The daily operation helps personnel to discover opportunities, difficulties, and challenges, which may affect their satisfaction (Revoche, 2022).

Table 4. Correlation Analysis between the extent of Utilization of Personnel and extent of Satisfaction of Personnel on OHCS.

EXTENT OF UTILIZATION vs EXTENT OF SATISFACTION		Utilization on Diagnosis & Referral	Utilization on Software Responsiveness	Utilization on Admission & Provision	OHCS UTILIZATION
Satisfaction on Diagnosis & Referral	Correlation Coefficient	.091	-.043	-.093	-.039
	p-value	.089	.424	.084	.470
	Decision	Failed to Reject Ho	Failed to Reject Ho	Failed to Reject Ho	Failed to Reject Ho
Satisfaction on Software Responsiveness	Correlation Coefficient	.033	.083	.035	.078
	p-value	.538	.121	.512	.148
	Decision	Failed to Reject Ho	Failed to Reject Ho	Failed to Reject Ho	Failed to Reject Ho
Satisfaction on Admission & Provision	Correlation Coefficient	-.075	.141**	.145**	.124*
	p-value	.165	.009	.007	.021
	Decision	Failed to Reject Ho	Reject Ho	Reject Ho	Reject Ho
OHCS SATISFACTION	Correlation Coefficient	-.021	.141**	.101	.121*
	p-value	.696	.008	.061	.024
	Decision	Failed to Reject Ho	Reject Ho	Failed to Reject Ho	Reject Ho

G. The Challenges encountered by Personnel in the implementation of the Himamaylan City Health Office during the Operation of the One Hospital Command System (OHCS).

Table 5. Ranking of challenges encountered by health workers during the operation of OHCS.

Consolidated Challenges	Number of Respondents who answered(n=181)	Rank
Technological Gap among health workers	123	1
Difficulty Understanding Technical Terminologies.	119	2
Poor Internet Connection.	98	3
Difficult to use via cellular phones.	12	4
Frequent confusion among patients.	11	5
Problematic for health emergency cases.	9	6
The OHCS is fast if you know someone working in a hospital.	7	7

Conclusion

The majority of respondents fall within the age bracket of 31-49 years, with a prominent representation of females, and possess a minimum of a college-level education. The majority of the participants are engaged in the role of Barangay Health Workers (BHWs). This demographic profile suggests that the workforce is generally older and has a moderate degree of formal education. This information is important for assessing their ability to tackle technical and operational problems related to OHCS.

An important obstacle that has been found is the level of utilization and satisfaction exhibited by the OHCS software. The software's capacity to provide prompt and precise replies is essential for effective health care delivery. Nevertheless, several healthcare professionals encounter challenges with the software's reactivity, which directly affects the utilization and satisfaction of the referral system process. The limits in software capabilities and user interface are highlighted by issues such as laborious encoding procedures and the requirement for systematic medical assessments prior to patient transfers.

The research indicates that a significant number of health professionals had a restricted level of technical proficiency in medical, legal, and operational terms. Their limited proficiency can be related to their comparatively poorer educational achievement, as the majority of BHWs have only obtained a high school diploma. Their lack of technical understanding may impede their proficiency in using OHCS software, executing essential activities, and successfully overseeing patient referrals and transfers.

The proficiency of field service staff in conducting diagnosis and referral operations is really noteworthy. Healthcare professionals face obstacles associated with technological matters, such as problems with software accessibility, especially when there are internet disruptions or software malfunctions. This suggests that although there is a notable endeavor and acknowledgment of the need of precise diagnosis and referral, practical challenges with the OHCS software and its associated technical assistance hinder the overall efficiency. Proper training of health care workers in the implementation of the OHCS is indeed necessary to enhance efficient quality health care services for the patients and constituents.

The results indicate that OHCS has a negligible effect on admission and service provision. Healthcare professionals encounter constraints in this domain, although the overall impact on their capacity to carry out admission and service delivery duties is negligible. The absence of a notable influence may be attributed to a range of circumstances, such as insufficient instruction, poor technological assistance, or other limitations in operations.

Summary

In summary, the OHCS software encounters significant obstacles in being prompt and responsive, which has a direct impact on the effectiveness of referral procedures and the overall delivery of services. The constraints are worsened by the inadequate technical proficiency of barangay health workers, who have difficulties in effectively utilizing the system due to their inferior educational background and limited training. Although the significance of diagnostic and referral procedures is well acknowledged, technological challenges still hinder the achievement of maximum performance. Finally, it is noted that the efficacy of OHCS in admission and service provision is modest, indicating that further assistance and enhancements are required in these domains to increase overall functioning and impact.

To overcome these issues, specific actions are needed, such as strengthening the responsiveness of software, improving the technical training of health personnel, and providing more effective technical assistance and resources. This method will enhance the utilization of OHCS and enhance the overall efficiency and efficacy of health service delivery.

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