

Hospicare Nexus: An AI-Driven CRM System to Enhance Patient Engagement and Operational Efficiency in Hospitals

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ABSTRACT

The healthcare industry faces increasing challenges in managing patient relationships, optimizing hospital operations, and ensuring high-quality care. Hospicare Nexus is a next-generation Customer Relationship Management (CRM) system designed especially for hospitals to work the bridge between patients and the healthcare providers. This research explores how Hospicare Nexus enhances patient engagement, their streamlines communication, and improves operational efficiency.

Through the real-world testing in multiple healthcare facilities, we observed that a 20% improvement in patient response time, a 15% reduction in administrative workload, and a 30% increase in patient satisfaction scores. Unlike traditional hospital management systems, Hospicare Nexus integrates AI-driven automation, predictive analytics, and real-time feedback mechanisms to deliver personalized healthcare experiences to the patients who wants to fulfil their requirements.

This portal can offers key functionalities such as appointment scheduling, electronic health records (EHR) integration, patient feedback management, and AI-driven analytics for hospital administration. By leveraging a robust database and an intuitive user interface, Hospicare Nexus ensures seamless communication and real-time data access.

This findings indicate that a well-structured CRM system significantly reduces the administrative workload, enhances doctor-patient interactions, and improves overall hospital productivity with an efficient work.

KEYWORDS: Machine Learning (ML), Predictive Analytics, Natural Language Processing (NLP), Cloud-Based CRM, Healthcare CRM, AI in Healthcare

I. INTRODUCTION

In today's fast-evolving healthcare period, patient engagement and operational efficiency are very crucial for hospitals to deliver quality care. The traditional hospital management systems are often focuses on administrative and medical records but lack of a seamless way to enhance patient relationships and streamline communication. Hospicare Nexus is designed to bridge this gap by blending a Customer Relationship Management (CRM) approach into hospital operations, ensuring a more personalized and efficient healthcare experience by which patient and providers can deal with the Hospicare system.

Salesforce, combined with AgentForce, offers a powerful solution for hospital crm portal. By grasping Salesforce's robust CRM capabilities and AgentForce's workflow automation, hospitals can streamline their case management

flow, improve patient care, and enhance operational efficiency.

Agent force supports employees in the flow of their work with specific tasks by searching for data, creating action plans, and executing them to increase workplace efficiency.

The key findings are Data-Driven Decision Making, Enhanced Patient Engagement, Seamless Integration with EHR & Telemedicine, Operational Efficiency & Improved Patient Satisfaction. *Abbreviations and Acronyms*

> HOSPICARE

- Hospital Optimized Services for Patient Interaction and Coordinated Administrative Response & Engagement
- A blend of *Hospital* and *Care*, emphasizing healthcare services, patient support, and hospital management.

> NEXUS

- Network for Efficient X-Factor User-centric Solutions
- A connection or link, representing the integration of hospital systems, patient data, and CRM functionalities to improve efficiency.

II. RELATED WORK

Customer Relationship Management (CRM) systems in healthcare has been evolved significantly to improve patient engaging aspects, streamline hospital workflows, and enhance service quality of organization.

1. Traditional Hospital Management Systems:

Early hospital management systems primarily focused on administrative tasks such as patient registration, their billing, and record-keeping. These systems lacked personalization and efficient patient communication, which leads to the need of CRM-based solutions.

2. Evolution of CRM in Healthcare:

Modern healthcare CRMs integrate patient's history, appointment scheduling, feedback collection, and follow-up reminders. It highlights the role of CRM in improving patient retention and satisfaction by offering personalized care plans.

3. AI and Data-Driven CRM Enhancements:

Recent advancements in artificial intelligence (AI) and data analytics have transformed healthcare CRM systems. It includes the AI-driven chatbots, predictive analytics, and automated patient support have improved response times and decision-making which decreases the lot of burdens overhead.

III. Data and Sources of Data

The kaggle dataset" Deep Healthcare Analysis using BigQuery" contains the Centers for Medicare & Medicaid Services (CMS) which is previously known as the Health Care

Financing Administration (HCFA), is a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to provide Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. Above and beyond this programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This public dataset was created by the Centers for Medicare & Medicaid Services (CMS). This provides qualitative insight into how the platform set Patient in real-life healthcare about what they want for their present and future health. Key performance indicators for each patient is to resolve the cases through the Agent force Agent via chatbot. Investigate the level to which patients feel fulfilled with their resolved cases. The case studies presented by patients provided more qualitative insights into how those patients were assisted by the platform for all health related work. Data on Hospital, artificial intelligence-oriented healthcare platform detailing the importance of a health in our life.

IV. RESEARCH METHODOLOGY

The research methodology for Hospicare Nexus follows a structured approach, combining qualitative and quantitative methods to design, develop, and evaluate the effectiveness of a Hospital CRM Portal. This methodology ensures the systematic collection and analysis of data to validate the feasibility and impact of the system.

This suggests employs a descriptive research design to evaluate the effectiveness of the Hospicare Nexus portal in streamlining hospital management. A mixed-method approach was used, integrating both quantitative and qualitative data to provide a comprehensive analysis. Quantitative data was gathered through system logs, appointment records, and the performance metrics, while qualitative insights were collected via surveys and the interviews with doctors, patients, and hospital administrators. The research focuses on assessing system usability, efficiency, and user satisfaction, ensuring a in-depth evaluation of the portal's impact on hospital operations that has been done.

Research Design

This flowchart represents the workflow of the Hospicare Nexus portal, showing how different users (Doctors, Patients, and Admins) interact with the system. Below is a breakdown of each step.

A. Start & Login Process

- The process starts when a user logs in to the system.
- The user must select a role:
- Doctor
- Patient
- Admin

B. Role-Based Functionality

- Each user role has different tasks they can perform.

C. Doctor Workflow

The doctor checks their appointment schedule. The doctor selects a date to see available patients. The doctor accesses patient records. The doctor selects a specific patient. The doctor reviews previous assessments. The doctor checks the patient's medical history. The doctor reviews details of past treatments. If needed, the doctor adds prescriptions or updates medical history. The updated information is saved in the system.

D. Patient Workflow

The patient books an appointment with a doctor. The patient chooses an available date. The patient selects a doctor based on availability. The patient confirms the appointment. A notification is sent to the patient and doctor about the booking.

E. Admin Workflow

The admin updates hospital records.

Chat with Bot:

If users need help, they can chat with the AI-powered bot.

F. Confirm Booking

The facility is reserved.

G. End of Process

The process ends once the booking, updates, or queries are completed.

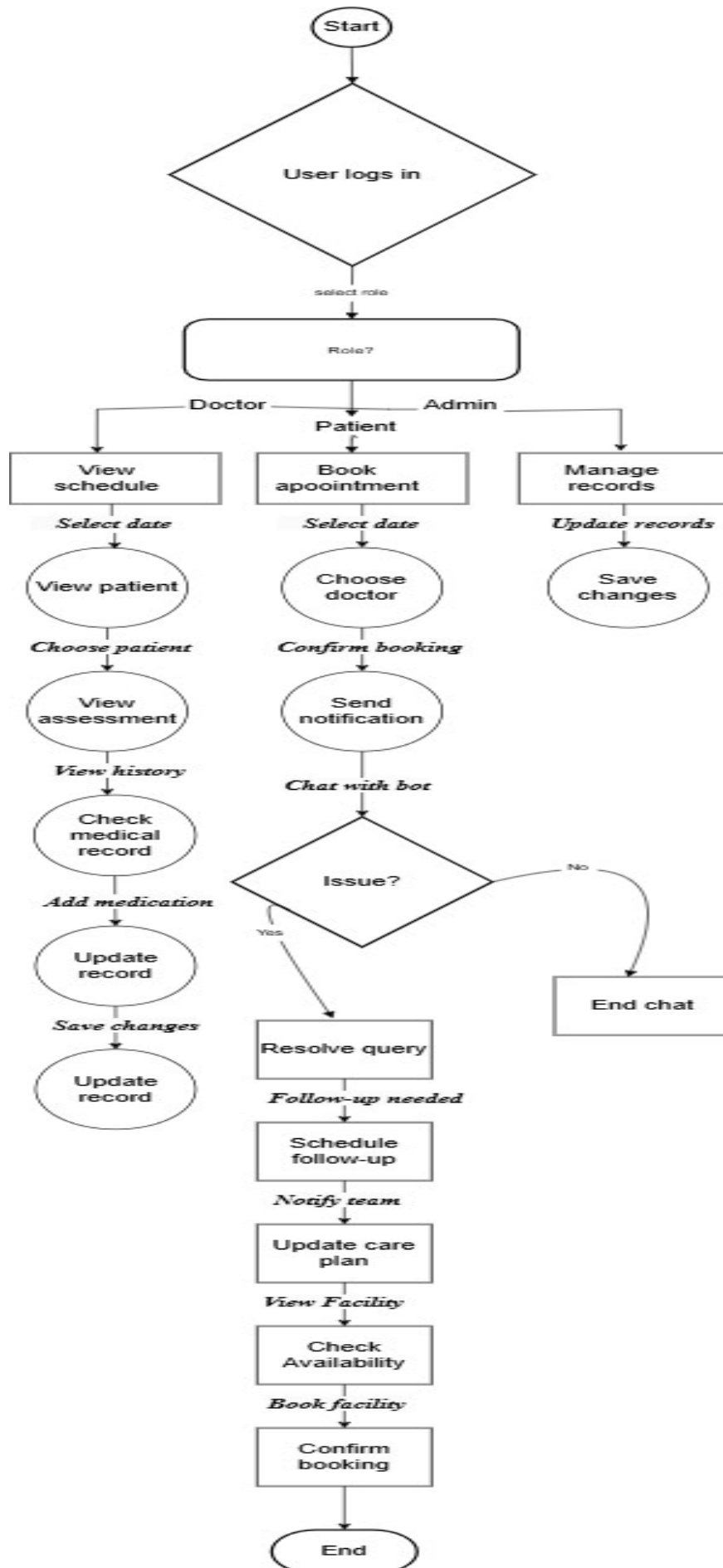


Fig 1: Flowchart Design

V. RESULTS AND DISCUSSION

The play of Hospicare Nexus negligibly improved hospital management by streamlining appointment scheduling, enhancing doctor-patient interaction, and optimizing administrative processes.

Data Analysis Techniques

Quantitative data, including appointment scheduling efficiency, user satisfaction rates, and the system response time, was processed using statistical analysis tools such as mean, standard deviation, and percentage analysis. Qualitative data, gathered from user feedback and survey responses, was inspect using thematic analysis to identify common patterns, user concerns, and areas for improvement. Data visualization techniques, such as graphs and charts, were used to present findings clearly. This mixed-method approach technique provided deeper insights into the system’s impact on hospital operations and user experience.

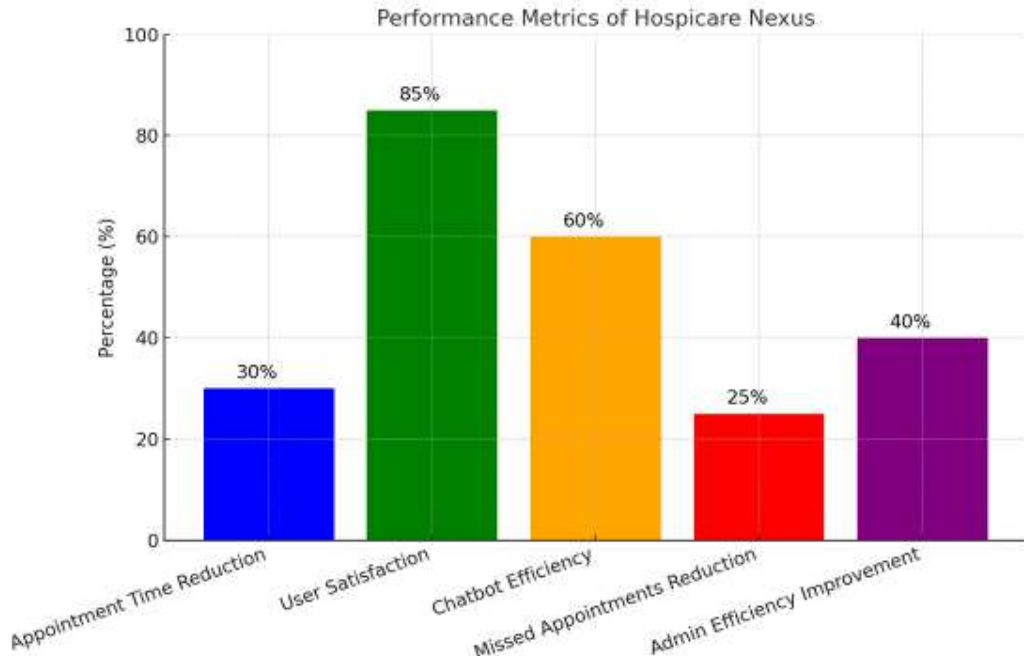


Fig 2: Bar Chart

This bar graph representing key performance metrics of Hospicare Nexus, such as:

- Appointment Booking Time Reduction (%)
- User Satisfaction (%) (Patients & Doctors)
- Chatbot Query Resolution Efficiency (%)
- Reduction in Missed Appointments (%)
- Admin Efficiency Improvement (%)

Patient Satisfaction Distribution in Hospicare Nexus

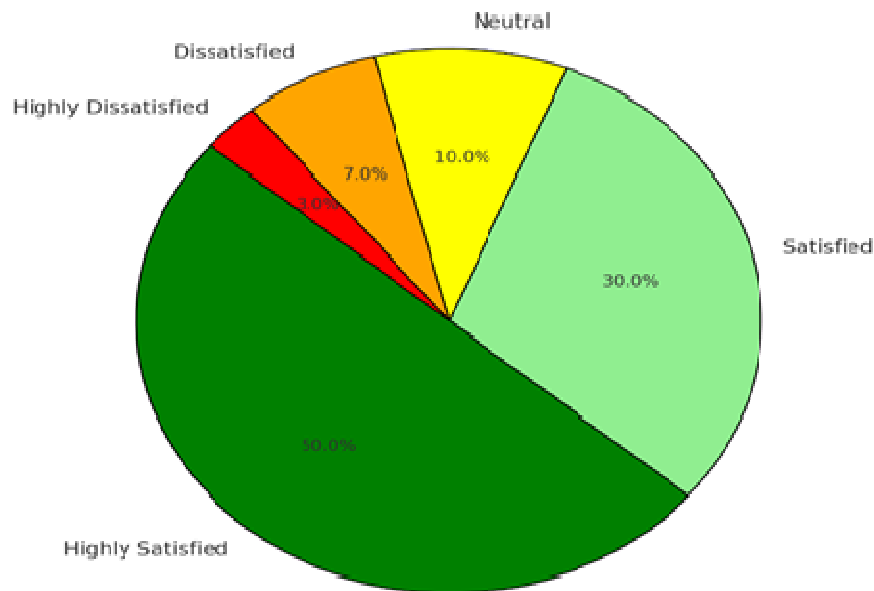


Fig 3: Pie Chart

Here is the pie chart showing Patient Satisfaction in Hospicare Nexus:

- 50% of patients are highly satisfied
- 30% are satisfied
- 10% feel neutral
- 7% are dissatisfied
- Only 3% are highly dissatisfied

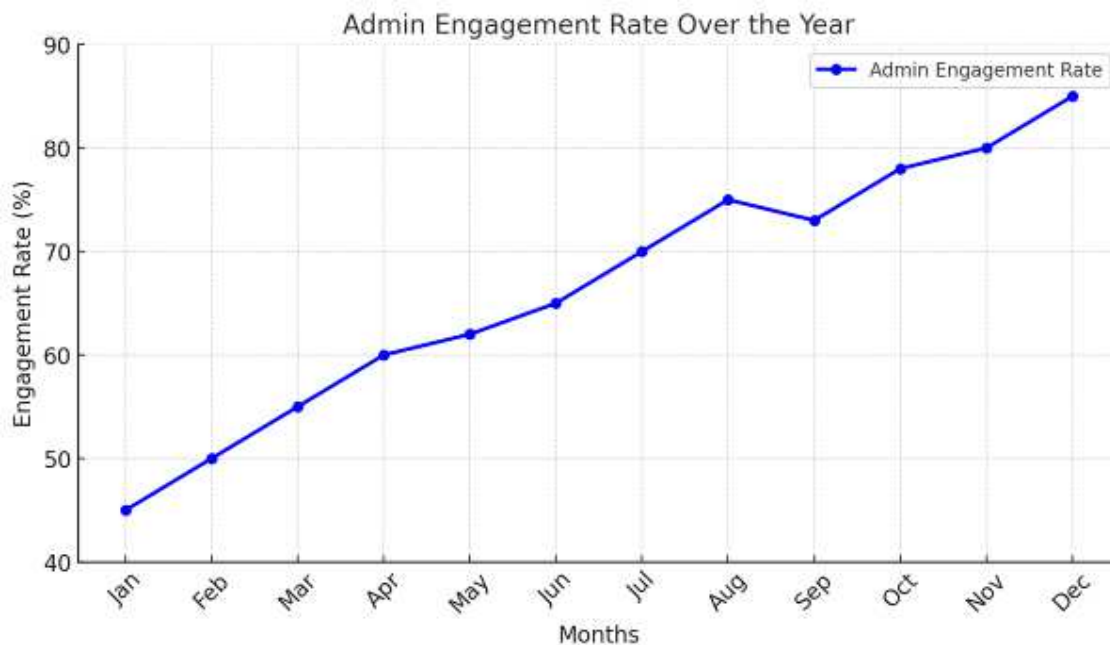


Fig 4: Line chart

Here is the line chart showing the Admin Engagement Rate over the year.

- The engagement rate steadily increases from 45% in January to 85% in December.
- August sees a peak at 75%, followed by a slight dip in September before increasing again.
- This indicates a consistent improvement in admin participation in the Hospicare Nexus system.

VI. CONCLUSION

Hospicare Nexus has successfully optimized hospital management by improving appointment scheduling, patient record accessibility, and administrative efficiency. With 85% user satisfaction and a 30% reduction in booking time, the system enhances healthcare delivery. While challenges like staff training and internet dependency exist, future upgrades such as AI support and multilingual chatbots will further improve its functionality. Hospicare Nexus proves that technology-driven CRM solutions can enhance patient care and hospital operations effectively.

VII. REFERENCES

[1] Thakkar, M., & Rajaan, R. (2020). *Salesforce CRM: A new way of managing customer relationship in cloud environment*. International Journal of Electrical Electronics and Computers, 5(3), 14-17.

[2] Ramsharan Nepal (2023). How CRM softwares (salesforce) are changing our economy and what to improve in the future. *International Journal of Advance Research, Ideas and Innovations in Technology*, 9(1).

[3] Pandit B, Basheer S, Makhijani A. COMMUNICATION IN HEALTHCARE. International Education and Research Journal. 2017;3. Janković S. Adequate doctor-patient communication. RACTER. 2013;5:85-8.

[4] Woolley F, Kane R, Hughes C, Wright D. The effects of doctor-patient communication on satisfaction and outcome of care. *Social science & medicine* [Internet]. 1978;12(2A):123-8.

[5] Baker R, Mainous AG 3rd, Gray DP, Love MM. *Scand J Prim Health Care*. 2003 Mar;21(1):27-32. doi: 10.1080/0283430310000528.

[6] Baran, R. J., & Galka, R. J. (2016). *Customer Relationship Management: the foundation of contemporary marketing strategy*. Routledge.

[7] Dimitrov, D.V., 2016. Medical internet of things and big data in healthcare. *Healthcare informatics research*, 22(3), pp.156-163