**REVIEW ON EMR STATUS AND USAGE AT BOMET HEALTH CENTRE**

**Date: 13/02/2025**

**Introduction**

Bomet Health Centre implemented facility-wide Electronic Medical Records (EMR) in December 2024. Since its introduction, we have observed significant progress in access and utilization. The system has become more stable and familiar to staff due to continuous usage. Power outages and system downtimes have significantly decreased. This report provides an update on EMR usage and challenges encountered as of the end of the second month.

**1. Comprehensive Care Centre (CCC)**

The EMR is used at the point of care in HTS, PMTCT, and CCC departments:

* **PMTCT and CCC**: Each department is equipped with a desktop.
* **HTS**: Three providers are using tablets.

We successfully generated MOH731 reports from the system, utilizing the HTS and Care and Treatment sections. Additionally, the HTS prediction report helped determine the total number of clients screened.

**Issues Noted:**

* **ICT Report Discrepancy**:
  + ICT report returned zero despite HTS providers confirming proper data entry.
  + **Action Taken**: Advised to contact a TOT for support during the next PNS client entry to identify the challenge source.
* **PMTCT Report Issue**:
  + The total tested report was zero, although clients were tested as recorded in the MOH 405 register.
  + **Observation**: MOH 406 register is missing in the system, which affects PNC numbers in MOH 717 and testing data in MOH 731.
* **Care and Treatment Section Inconsistencies**:
  + Total tested (male + female) did not match the overall total.
  + The total tested in MOH 731 was inconsistent with the DATIM report.
  + TB screening numbers were notably low.
    - **Advice from ICT Officer**: Both the green card and ICF tool should be filled. However, using one tool in the future is recommended to minimize duplication.
  + The number of clients established on care in moh 731 was lower than expected compared to the active line list.
  + Monthly TX CURR report had unaccounted-for numbers, which the peer educator identified as returnees, but the system did not.
    - **Suspected Cause**: Possible appointment entry issues.

**General Observation:**  
Despite the challenges, the report generated by the system is the most accurate compared to previous methods and was used for KHIS reporting.

**2. Maternal and Child Health (MCH)**

EMR usage in MCH covers:

* **Family Planning (FP), Antenatal Care (ANC), and PMTCT clinics**.
* **Child Welfare Clinic (CWC)**: Chromebook is used for baby registration and triage, while a desktop handles antigen administration and report generation.

**Issues Noted:**

* MOH 731 (PMTCT section) generated zero values.
* MOH 406 register is absent in the system.
* MOH 710 report generation was possible, but some antigens were missing.
  + **Action Taken**: Shared copies of the missing tools with Health IT.
* Desktop for MCH was returned to the vendor; a replacement is required.
* Nutritionist requested the correct form to populate the MOH 711 CHANIS report.
* Postnatal report is missing.
* FP report could not be generated despite complete MOH 512 entries.
* WIFI connectivity issues in the FP clinic require the nurse to leave the clinic to access the system.

**3. Outpatient Department (OPD)**

EMR is utilized at the:

* **Registration Desk**
* **Triage**
* **Consultation Area**

We explored the EHR reports but could not use them entirely for reporting.

**Issues Noted:**

* **MOH 717 Workload Report**:
  + Requires mapping to individual source registers for accurate completion.
  + No numbers for clinic-specific or OPD casualty reports.
  + Further testing needed to determine if maternity, physiotherapy, radiology, and occupational therapy reports can be generated.
* **Pharmacy Department**:
  + EMR not yet in use because the drug list is not uploaded. Reporting remains manual.
* **Specific Report Issues**:
  + **MOH 705A & B**: Generated reports but need adjustments in the "all other diseases" section to capture unlisted diseases.
  + **MOH 643**: Not generating reports.
  + **MOH 706**: Only glucose test results are pulled despite other tests being ordered and recorded.
  + **Registration Desktop**: Not yet replaced, causing strain on the link desk computer, which is also used by the peer educator.
  + **MOH 407A & B**: Absent in the system, affecting nutrition clinic reporting.

**4. Other Reports**

* We can access some reports, such as **MOH 364 and MOH 745**, but they need to align with numbers in MOH 711.
* We anticipate that other reports, including **MOH 740, MOH 713, MOH 733B, MOH 734, MOH 647, MOH 743, MOH 730B**, among others, will be added to the system to support the goal of going paperless.
* **Inadequate Registers**: Full register documentation was reinstated in OPD and HTS to prevent data loss.

**5. Recommendations and Next Steps**

* **Data Quality Concerns**: Given the current data quality issues, if we cannot fully rely on the EMR for reporting, we propose pausing OPD EMR usage while continuing with CCC, PMTCT, and HTS. This approach will provide the development team with time to address the challenges and enhance system performance.
* **Resource Requirements**:
  + Replacement of the MCH and registration desktops.
  + Improved WiFi coverage for the FP clinic.
* **System Enhancements**:
  + Addressing report generation inconsistencies.
  + Updating the system to include missing registers (e.g., MOH 406, MOH 407A & B).
  + Uploading the drug list in the pharmacy module.

**Conclusion**

This being the third month of implementing facility-wide EMR, we have made notable progress despite the challenges. Continued support and system enhancements are essential to achieve seamless reporting and operational efficiency.

**Compiled by:**

* Lilian Chepkorir (M&E Assistant)
* Caroline Chelangat (Facility HRIO)