

UNILAG TELEHEALTH SYSTEM GAP ANALYSIS

1. PURPOSE OF THE GAP ANALYSIS

To identify the differences between the existing healthcare delivery process at UNILAG and the desired telehealth-enabled future state, and to outline the capabilities, resources, and changes required to close these gaps.

2. GAP ANALYSIS TABLE

| Area | AS-IS | TO-BE | Identified Gap | Impact of Gap | Required Actions / Recommendations |
|--------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Accessibility & Awareness | Low visibility of telehealth services; students unsure how to access care. | Centralised telehealth platform + awareness campaigns. | Lack of structured communication channels. | Low utilisation of telehealth services. | Launch awareness campaigns; embed telehealth link on student portal & mobile app. |
| Booking & Scheduling | No digital scheduling; long queues; manual rescheduling. | Digital booking system with real-time availability. | Absence of appointment management technology. | Increased wait time & inefficiency. | Implement appointment booking module; integrate with doctor roster. |
| Triage Process | No systematic triage; first-come-first-serve, overcrowding. | AI-assisted symptom checker + automated prioritisation. | No digital or standardized triage model. | Delayed care, misprioritization of critical cases. | Deploy AI triage tool; define triage protocols. |
| Consultation Process | Mostly physical consultations; limited teleconsultation availability. | Video, audio, and live chat consultations. | Lack of remote consultation tools. | Restricted access, especially for students in hostels or remote locations. | Implement secure teleconsultation modules. |

| Area | AS-IS | TO-BE | Identified Gap | Impact of Gap | Required Actions / Recommendations |
|--------------------------------------|-----------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------|
| Health Records Management | Manual paper files; fragmented; no synchronisation. | Electronic Medical Records (EMR-lite) automatically updated. | No EMR system; lack of digital infrastructure. | Data loss risk; slow retrieval; poor continuity of care. | Deploy EMR-lite; train staff on digital record management. |
| Follow-Up & Reminders | No automated follow-up; reminders are inconsistent. | Automated follow-up, drug reminders, digital referrals. | No patient engagement system. | Poor treatment adherence & patient dissatisfaction. | Implement notification system (SMS/email/app). |
| Reporting and Analytics | No digital reporting; manually compiled statistics. | Dashboard for metrics, usage, cases, outcomes. | No data analytics or reporting capability. | Poor decision-making & inability to track service performance. | Implement analytics dashboard; train admins. |
| Referral Process | Manual, handwritten referral notes. | Auto-generated digital referrals to CMUL specialists. | Lack of digital referral workflow. | Delays & loss of documentation. | Automate referral system and connect with CMUL. |
| Support & Helpdesk | Walk-in or phone complaints; no structured support. | In-app support, FAQs, live chat. | No digital helpdesk or knowledge base. | Low user satisfaction; unresolved support issues. | Implement support ticketing + live chat. |
| Identity & Authentication | Manual identity verification; no SSO. | Single Sign-On integrated with student portal. | No authentication mechanism for telehealth. | Security vulnerabilities; risk of impersonation. | Implement SSO authentication. |
| Operational Management | Unstructured admin processes; weak coordination. | Admin portal for roles, availability, content management. | No admin tools for configuration or content updates. | Reduced efficiency & inconsistencies. | Build admin management console. |

| Area | AS-IS | TO-BE | Identified Gap | Impact of Gap | Required Actions / Recommendations |
|--------------------------------|----------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|
| Infrastructure | Limited ICT capacity; manual processes dominate. | Fully digital telehealth system with integrated tools. | Outdated infrastructure & bandwidth limitations. | Downtime risks; poor performance. | Upgrade servers, ensure stable internet, secure hosting. |
| Policy & Compliance | Limited digital health policies. | System aligns with NDPR, HIPAA-aligned practices. | Absence of formal digital health governance. | Legal & compliance risks. | Develop telehealth policies, data protection standards. |
| Student Experience | Stressful clinic visits, long waits, poor communication. | Intuitive digital system with remote support. | Lack of user-centric design. | Low satisfaction & poor health-seeking behaviour. | Conduct UX research, design intuitive UI. |

3. HIGH-LEVEL GAP THEMES

1. Technology Gaps

- No booking system
- No EMR
- No teleconsultation platform
- No reporting dashboard
- No SSO authentication
- No digital triage

2. Process Gaps

- No standardized triage
- Manual paper records
- Long queues and slow service

- Manual referral system
- No structured follow-up process

3. People & Training Gaps

- Staff unfamiliar with digital tools
- No training framework in place
- Student awareness is low

4. Policy & Governance Gaps

- No telehealth policy
- No data protection protocols
- No operational SOPs

5. Infrastructure Gaps

- Limited ICT infrastructure
- Unreliable internet connectivity

4. IMPACT ANALYSIS

| Impact Area | AS-IS Risk | TO-BE Opportunity |
|------------------------|--------------------------|--------------------------------------------|
| Operational Efficiency | High delays, long queues | Faster service, reduced wait times |
| Data Quality | Errors & lost records | Accurate, digital, easily retrievable data |
| Service Continuity | No remote service option | 24/7 access, remote consultations |
| Patient Satisfaction | Low | High—due to convenience & reduced stress |
| Public Health Insights | Hard to track trends | Real-time dashboards & reporting |

5. SUMMARY OF RECOMMENDED ACTION PLAN

| Priority | Action | Outcome |
|----------|-----------------------------------------|--------------------------------------------------|
| High | Implement EMR-lite | Reduce manual errors, improve continuity of care |
| High | Deploy teleconsultation modules | Increase access to healthcare |
| High | Launch booking & triage system | Reduce wait times & clinic overcrowding |
| Medium | Introduce analytics dashboard | Enable evidence-based decision-making |
| Medium | Implement SSO | Secure user identity |
| Low | Implement chat support & knowledge base | Enhance user experience |

6. CONCLUSION

This gap analysis exposes **major operational, technological, and structural gaps** between the current health system at UNILAG and the desired telehealth-enabled future state.

Addressing these gaps will:

- Transform healthcare delivery on campus
- Improve student health outcomes
- Enhance operational efficiency
- Strengthen data-driven decision-making
- Reduce clinic congestion and delays
- Make UNILAG a leader in digital health innovation