

Implementation of an electronic medical records (EMR) system to improve patient care management for people living with HIV in Nigeria

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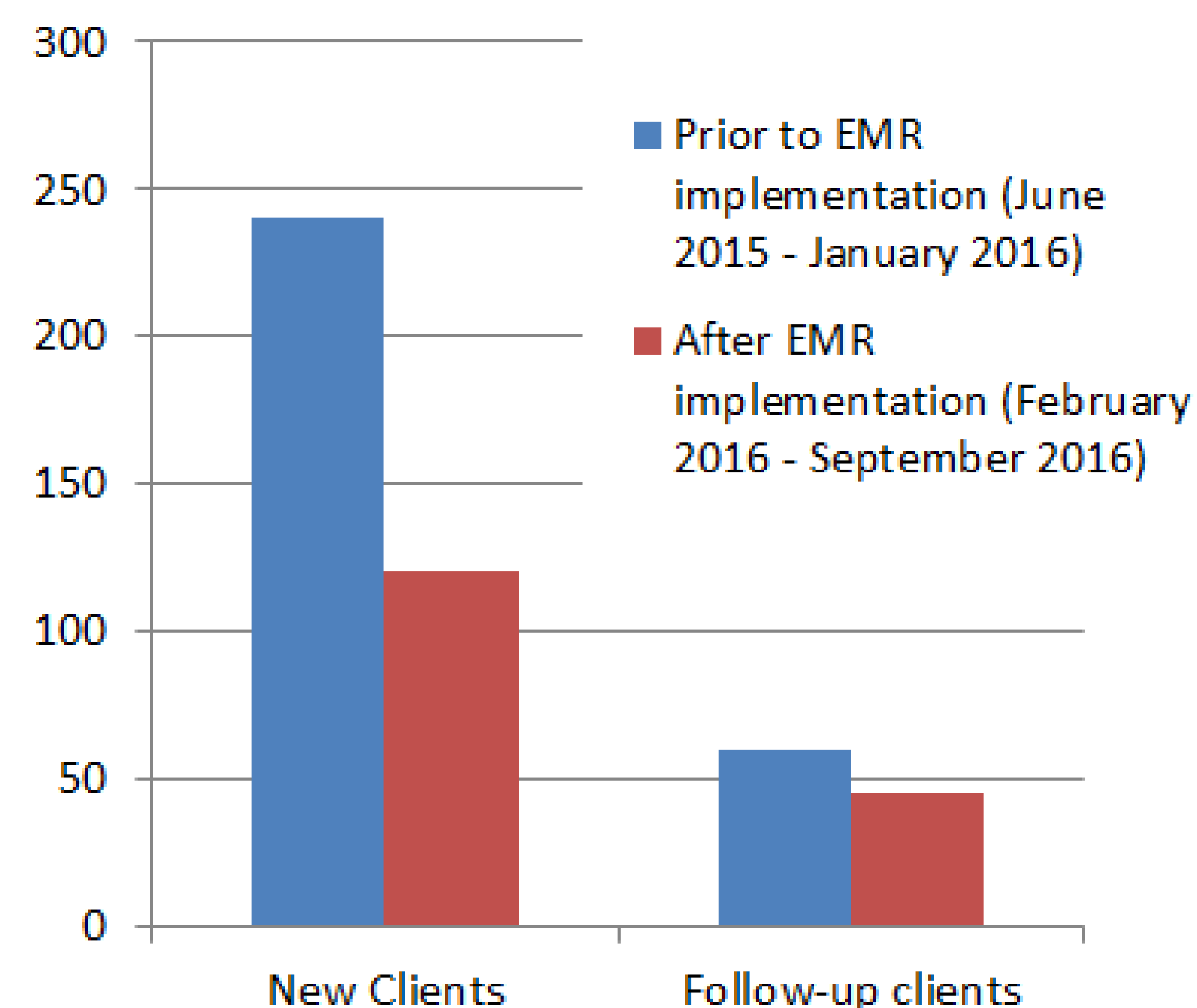
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I. Objective

- Most medical records in Nigeria are paper based, and there are challenges such as loss of patient folders, worn out folders, and torn registers. With a growing population and higher volume of health care records, the need for Electronic Medical Records (EMRs) is high.
- Frequent patients of Nigerian hospitals are faced with heavy paper work and form-filing requirements. This is especially challenging for people living with HIV (PLHIV), since many years of constant monitoring increases their paperwork. Loss of important information can contribute to inadequate follow-up, and the continuum of quality care can be affected.
- The objective of this intervention was to introduce an EMR system in Nigeria to improve decision making in HIV program implementation.

Figure 1. Average Waiting Time in Minutes



A nurse entering client data using the electronic medical record (EMR) system at the University of Ilorin Teaching Hospital, Ilorin, Kwara State, Nigeria.

2. Methods

- Management Sciences for Health (MSH), through the United States Agency for International Development (USAID) funded Prevention Organizational Systems - AIDS Care and Treatment (Pro-ACT) and Care and Treatment for Sustained Support (CaTSS) projects, developed an EMR system to transition patient information from paper to the cloud.
- MSH conducted advocacy visits with the Federal Ministry of Health (MOH), National Agency for the Control of AIDS (NACA), USAID, partners, and Hospital Management Boards in selected facilities to garner support for adoption of the EMR system.
- EMRs were established in 19 supported facilities selected based on their high client loads across Niger, Kwara, Sokoto, Zamfara, and Kebbi states in North Central and North Western Nigeria.
- MSH supported transfer of patient data from clients folder to EMR.
- Health facility end-users such as medical record officers, nurses, pharmacists, doctors, IT specialists, and volunteers were trained and mentored, and are currently using the EMR system for client consultations.

3. Results

- From February-September 2016, 275 Health Care Workers (152 females and 123 males) in nineteen health facilities received EMR system training.
- After EMR implementation, the waiting time for new clients decreased from 4 hours to 1 hour, and waiting time for follow-up clients decreased from 2 hours to 45 minutes.
- Providers now have easy access to complete client information during consultations at any service delivery point which facilitates quality care.

4. Conclusions/Applications

Strengthening patient care management using EMR systems can improve the quality of care for PLHIV. Implementation challenges, such as consistent access to electricity, had to be addressed to ensure success. In this case, the procurement of solar panels offered a solution. Initial data entry also required additional resources (temporary data clerks). As more countries and programs move from paper to electronic medical records systems, it is important to review implementation experiences and apply learning on successes and challenges to EMR scale up.

MSH implemented the USAID-funded **Prevention and Organizational Systems - AIDS Care and Treatment (Pro-ACT)** project from 2009 to 2016 and was awarded the **Care and Treatment for Sustained Support (CaTSS)** project (2016 – 2018) to sustain and build upon the achievements reached under Pro-ACT. The CaTSS project strategically supports the maintenance and uninterrupted delivery of quality HIV/AIDS and TB care and treatment services, integrated into Nigeria's health system.

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