



Sanjaya Poudel

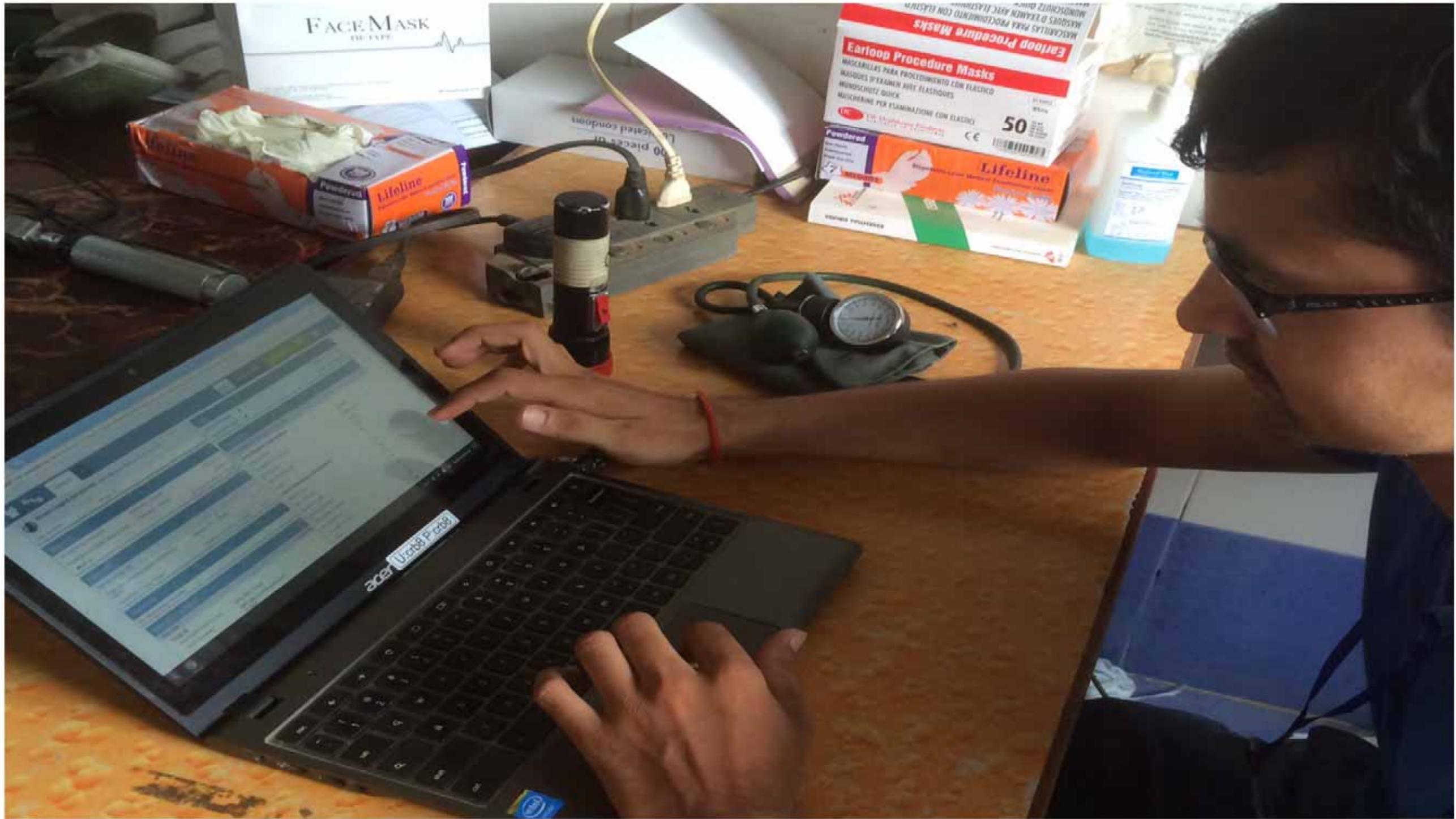
March 2019



# NepalEHR ecosystem and roadmap for integrated healthcare delivery



- Open-Source Health Care Information System
- Follows Nepal Government HMIS Protocol
- Clinical Module (OpenMRS)
- Lab Management System (OpenELIS)
- PACS
- OpenERP
- DHIS2 (Government Reporting)





General

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General OPD

Consult



Date



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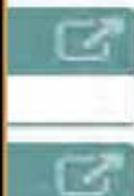
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week does patient utilize  
rescue inhalerChest-PA  
201512131 Series  
1 Img**NepalEHR**

14 pm

0:01 am  
0:01 am

Lab Results		Motherhood	
<b>Accession at 11 Sep 17 2:08 am</b>			
HCV (Blood)	Negative	ANC	
Blood Sugar Random (60 - 140) mg/dL	95.0	<b>11 Sep 17</b>	
<b>ANC (Blood)</b>		Visit Month	4th month
Haemoglobin (Blood) (11 - 16) gm%	10.1	ANC Visit	1st (per protocol), 1st (....., .....
<b>HIV (Blood)</b>	Negative	Completed 4 ANC visits per protocol	No
HBsAg (Blood)	Positive	History of Abortion	No
VDRl(TPHA)-(Blood)	Non-Reactive	Present Live Children	1
Blood Group	AB positive	Gravida	3
<b>ANC (Urine)</b>		Parity	2
Colour (Urine)	Yellowish	Last menstrual period	29 May 17
Transparency (Urine)	Clear	2073/02/16	Pabitra Budha 2:08 am
pH (Urine)	Acidic	Expected delivery date	07 Mar 18
Pus (Urine)	1-2	2074/11/23	Pabitra Budha 2:08 am
RBCs (Urine)	nil	TD Given	2+ TD
Epithelial Cells	1-2	Albendazole given	Yes
Albumin (Urine)	Nil	Number of IFA Tablets given	60
Sugar	Nil	Blood transfusion provided	No
Oxalates (Urine)	nil	Blood transfusion quantity	0
Phosphates (Urine)	nil	<b>Diagnosis</b>	
Urates (Urine)	nil	High Risk Pregnancy Diagnosis	Hepatitis B
Uric acid (Urine)	Nil	Gestational Diabetes Screening	NA
Casts	nil	<b>HIV</b>	
Yeast Cells (Urine)	nil	HIV counseling	Yes
		HIV test	Yes
		HIV test date	11 Sep 17
		HIV test result received	Yes
		HIV Result	Negative
		Partner HIV status	Unknown
		<b>Syphilis NOS</b>	
		Syphilis counseling	Yes
		Syphilis tested	Yes
		Syphilis result	Negative



Hospitalizations due to COPD in last 3 months? \* Yes No [edit]

+ Signs of COPD exacerbation

Increased Shortness of Breath Yes No [edit]

Increased Cough Yes No [edit]

Change in amount or character of sputum Yes No [edit]

Meets Criteria for COPD Exacerbation (2 out of 3 Signs) \* Yes No [edit]

+ Signs of COPD complication

Bilateral lower limb swelling Yes No [edit]

Dyspnea while walking Yes No [edit]

Altered mental status Yes No [edit]

Fever Yes No [edit]

+ Medication Side Effects

Add note if other side effects

Salbutamol	Tremor	Palpitations	None
Theophylline <span style="color: #ccc;">[edit]</span>	Tremor	Palpitations	Nausea
	None		

Smoking status \* Current Smoker Former Smoker Non-smoker [edit]

Co-Morbidity	DM	TB	HIV
	Other		

Pulmonary Exam Normal Accessory muscle use Sighing Crepitus

Decreased Air Movement Wheeze

Bronchial Breath Sounds

Cardiovascular Exam Normal JVP Elevated Paradoxical pulse

Enlarged P2 Lower Extremity Edema

Reviewed Treatment Recommendations For STABLE Patients? \* Yes No [edit]

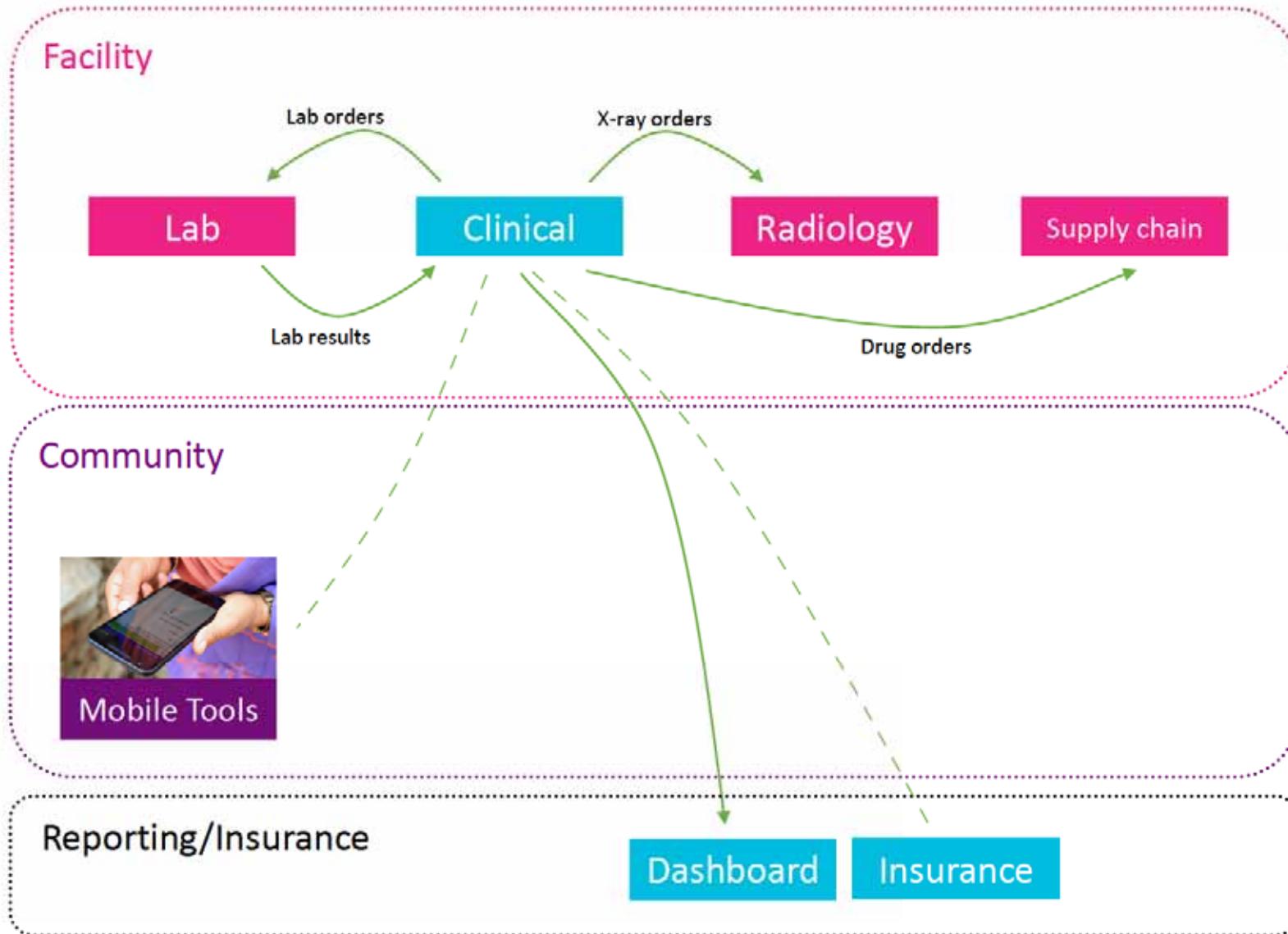
Reviewed Treatment Recommendations For ACUTE EXACERBATION? \* Yes No [edit]

Sent to chronic disease counseling \* Yes No [edit]

## Programs

Name	Nepali Month		Comments (*)	Status
01 Reporting Status Dataset	Mangh	2075	<a href="#">Download</a>	<a href="#">Submit to HMIS</a>
02-1 Immunization Dataset	Mangh	2075	<a href="#">Download</a>	<a href="#">Submit to HMIS</a> Complete
02-2 Community Based Integrated Management Of Neonatal And Childhood Illnesses (CBIMNCI) 2-59 months	Mangh	2075	<a href="#">Download</a>	<a href="#">Submit to HMIS</a> Complete
02-2 Community Based Integrated Management Of Neonatal And Childhood Illnesses (CBIMNCI) less than 2 months	Mangh	2075	<a href="#">Download</a>	<a href="#">Submit to HMIS</a> Complete
03-1 Nutrition Dataset Newly Registered	Mangh	2075	<a href="#">Download</a>	<a href="#">Submit to HMIS</a> Complete
03-2 Nutrition Acute Malnutrition	Mangh	2075	<a href="#">Download</a>	<a href="#">Submit to HMIS</a> Complete
06 Safe Motherhood Program	Mangh	2075	<a href="#">Download</a>	<a href="#">Submit to HMIS</a> Complete
07-Family Planning Program	Mangh	2075	<a href="#">Download</a>	<a href="#">Submit to HMIS</a> Complete
09 Leprosy Dataset	Mangh	2075	<a href="#">Download</a>	<a href="#">Submit to HMIS</a> Complete
11 Tubercluosis Control Program	Mangh	2075	<a href="#">Download</a>	<a href="#">Submit to HMIS</a> Complete

# The Integrated NepalEHR ecosystem



- Patient registration
- Consultation templates
- Drug orders/dispensing
- Lab orders/results
- Bed Management
- Clinical consultation
- ADT
- Sales/purchase orders
- Inventory management
- Asset management
- PACS
- Govt Reporting
- Household survey
- Clinical decision support
- Biometrics

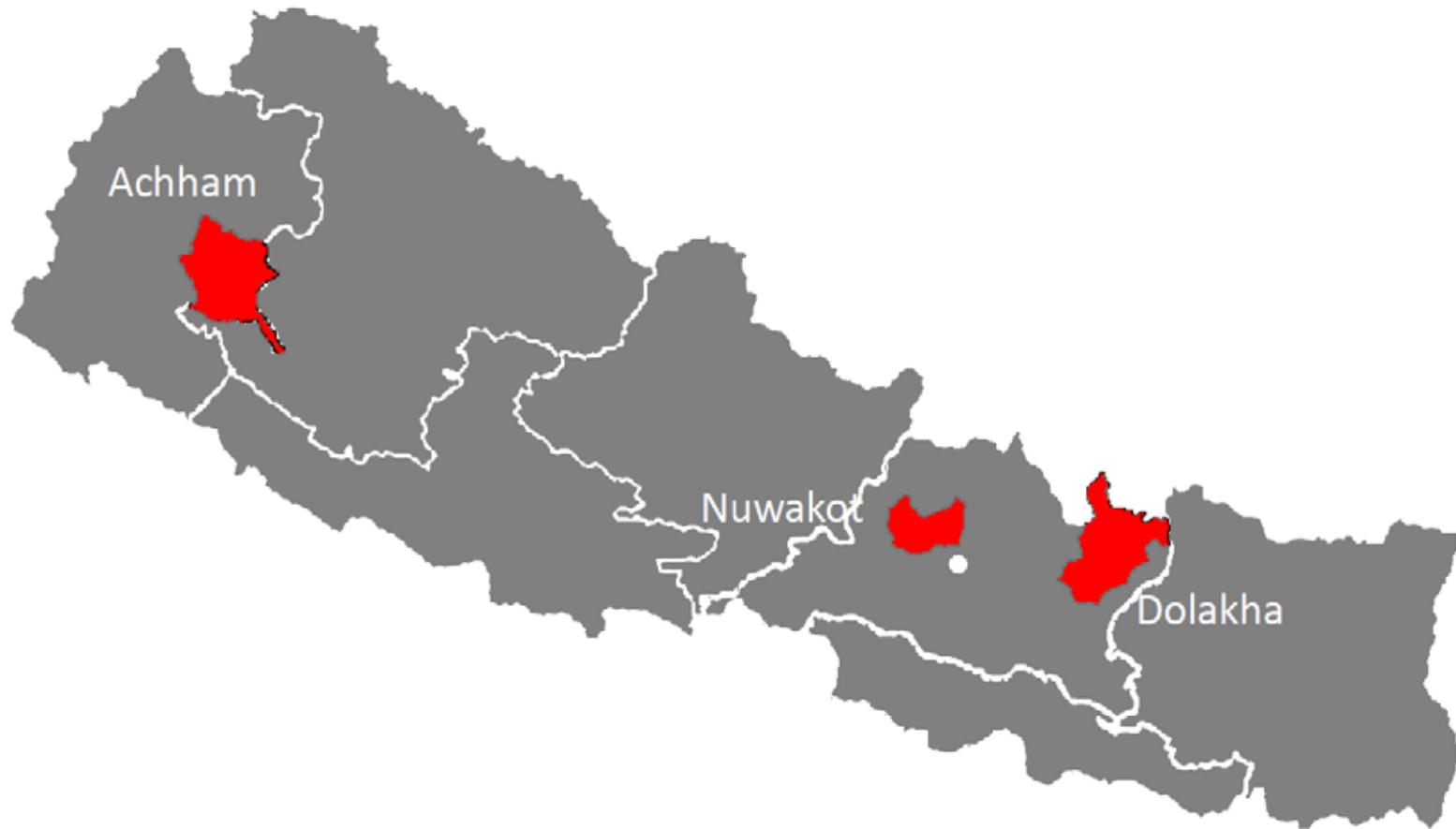
2015



2016



2018





# Road map 2019/2020

- Commcare <> OpenMRS Integration
- Billing/Insurance module
- Analytics Dashboard (MetaBase)
- Inpatient Module
- Shared Health Records
-

# Implementation success

- User experience metrics
  - % uptime per month
  - # of EHR support tickets
  - Care to wait ratio
  - # of days required for month-end reporting
  - % of available HMIS programs using EHR
  - # of data issues identified in HMIS reports
- Breadth of population impact
  - # of facility/community based users
  - % of community based users integrated with facility
  - % of users trained
- Affordability
  - Time taken to train and certify users



# How to Get NepalEHR?

- [www.github.com/nepalehr](https://www.github.com/nepalehr)
- [www.nepalehr.org](https://www.nepalehr.org)
- Cost Implication-Hardware
  - Minimum Core2Duo Processor, 8 GB RAM.

# Q&A

