Smart Discharges & eCHIS **Community Linkage to Care in Buikwe District** Ms. Sheila Karungi Malaria Consortium

malaria **consortium**

disease control, better health







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Overview

Challenge:

- VHTs struggled with paper reports, inaccuracies, and fragmented digital tools.
- Low VHT reporting at national level, including Buikwe district.
- Non-user friendly community data.
- Costly mentorship/supervision mechanisms.
- Poor iCCM commodities consumption monitoring and quantification.

Solution:

 Implement a national electronic Community Health Information System (eCHIS) for better coordination and interoperability with health systems.

Electronic **Community Health Information System** (eCHIS) A mobile platform

At the community level

- Supports guideline-based quality of care provision.
- Aids in managing health extension programs.
- Collects and utilizes demographic data.
- Gathers health services delivery information.
- Tracks service utilization.
- Reports into HMIS in nearly real-time

About eCHIS

- Owned by the MOH. The one community health digital solution endorsed by the MOH.
- Powered by open-source technologies: Community Health Toolkit (CHT) and OpenSRP.
 - Integrate data into a unified management and visualization platform. 0
- Supports VHTs and Health Assistants in providing various healthcare services.
 - Antenatal care, postnatal care, nutrition, immunization, iCCM, malaria, HIV, TB, stock 0 monitoring workflows and GPS location.
- Other features:
 - DHIS2 integration, translated into Luganda, data quality tool.

eCHIS & Smart Discharges implementation in Buikwe District - 2021

eCHIS Implementation

- VHTs trained & equipped
- District-led supervision supported
- Translation
- Research

eCHIS Technology

- Technical service design
- Development of tools and workflows

Smart Discharges Implementation

- Health worker & VHT training on discharge care and QI
- Support supervision









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Smart Discharges Technology

- Integrate facility-based risk-prediction & follow-up referral scheduling with eCHIS
- Research

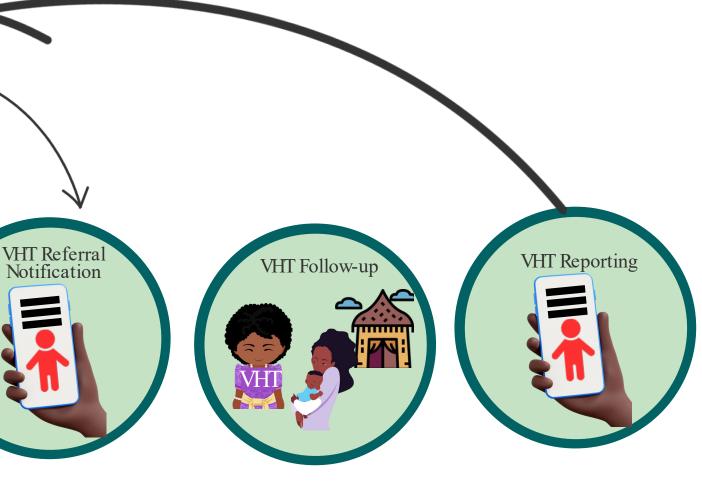




Interoperability Concept 2-way reporting between facility and community DHIS2 Discharge & Referral Admission & Risk Assessment Discharge Counselling Hospital arrival &Assessment **Smart Discharges** Pediatric Risk Assessment App (PARA)



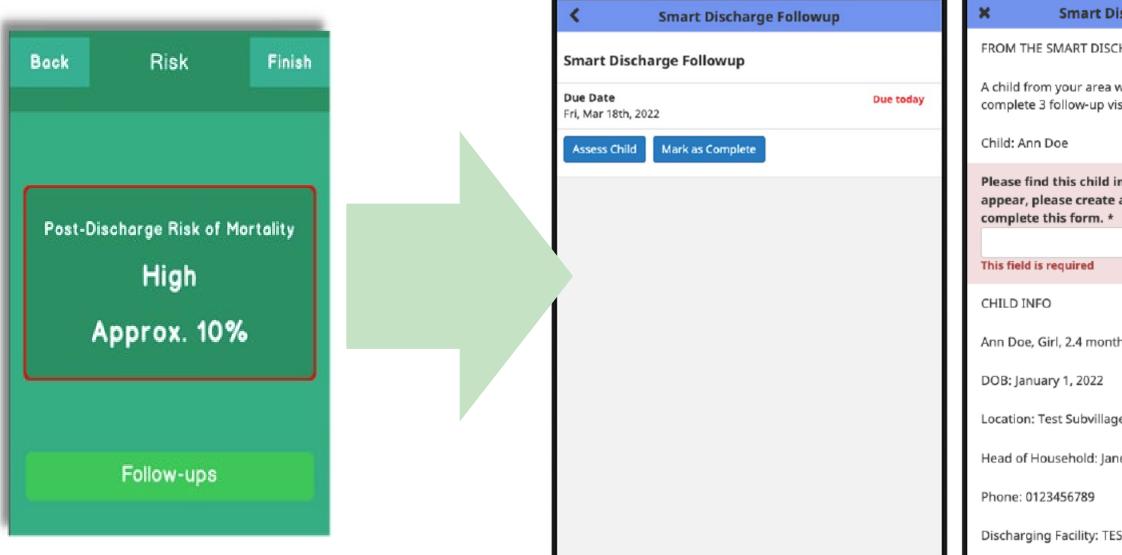
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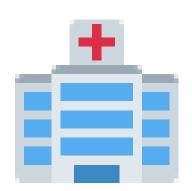














eCHIS

scharge Notification	X Smart Discharge Follow-up Results
HARGES PROGRAM	Please confirm your visit with Ann Doe
vas discharged today. Please sit(s) to assess recovery.	Did you follow-up with this patient? *
Sit(5) to assess recovery.) Yes
	○ No
n the list below. If they do not a New Person, then return and	Submit
•	
hs old	
e	
e Doe	
ST Facility	

Key Achievements

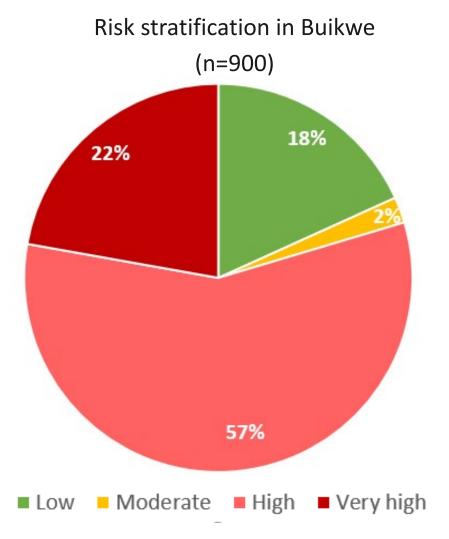
Training:

- 36 Health workers
- 344 VHTs
- **19 VHT trainers**

Implementation:

- 3 facilities

 - 7 sub-counties



Improved Care

900 children assessed for risk of post-discharge mortality and morbidity

736 (82%) children deemed at-risk and recieved a postdischarge referral to a VHT.

User Ability Testing

- UAT completed wilth workers
- App issues identified were addressed
 - - worker shortages)





• Kawolo Hospital, St. Charles Lwanga Buikwe Hospital, St. Francis Nyenga Hospital

• Remaining issues outside of the scope of the project (e.g. health

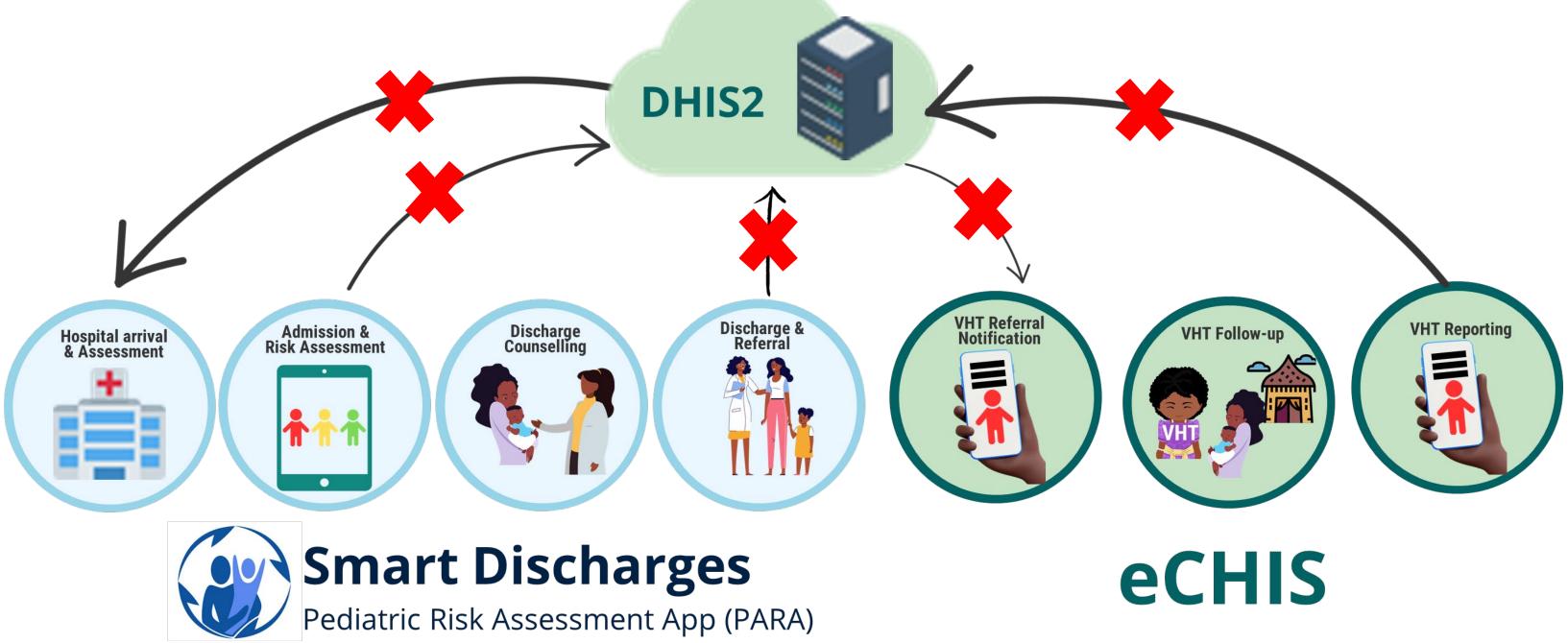
Partnership

Strong partnerships developed between MOH, Malaria Consortium, Medic, DHT, facilities, Medic, WALIMU, UBC,

Challenges

MOH APPROVAL PENDING

- System fully tested \bullet
- Need to move from "demo" to "production" •



Temporary Solution

- VHT notified of follow-up referrals via SMS
 - No ability for 2-way reporting between the facility and VHT 0
 - No national level automated reporting to DHIS2 of facility patient data in Buikwe
 - No data storage on MOH servers
 - Data on Risk prediction, discharge diagnosis, mortality still being Ο sent to Smart Discharges serves.

Barriers to Sustainability

- Approvals pending for eCHIS-Smart Discharges integration
- No current integration of post-discharge care into iCCM guidelines
 - Patient centered facility to community transitions
 - Based on individualized risk of post-discharge vulnerability \bullet