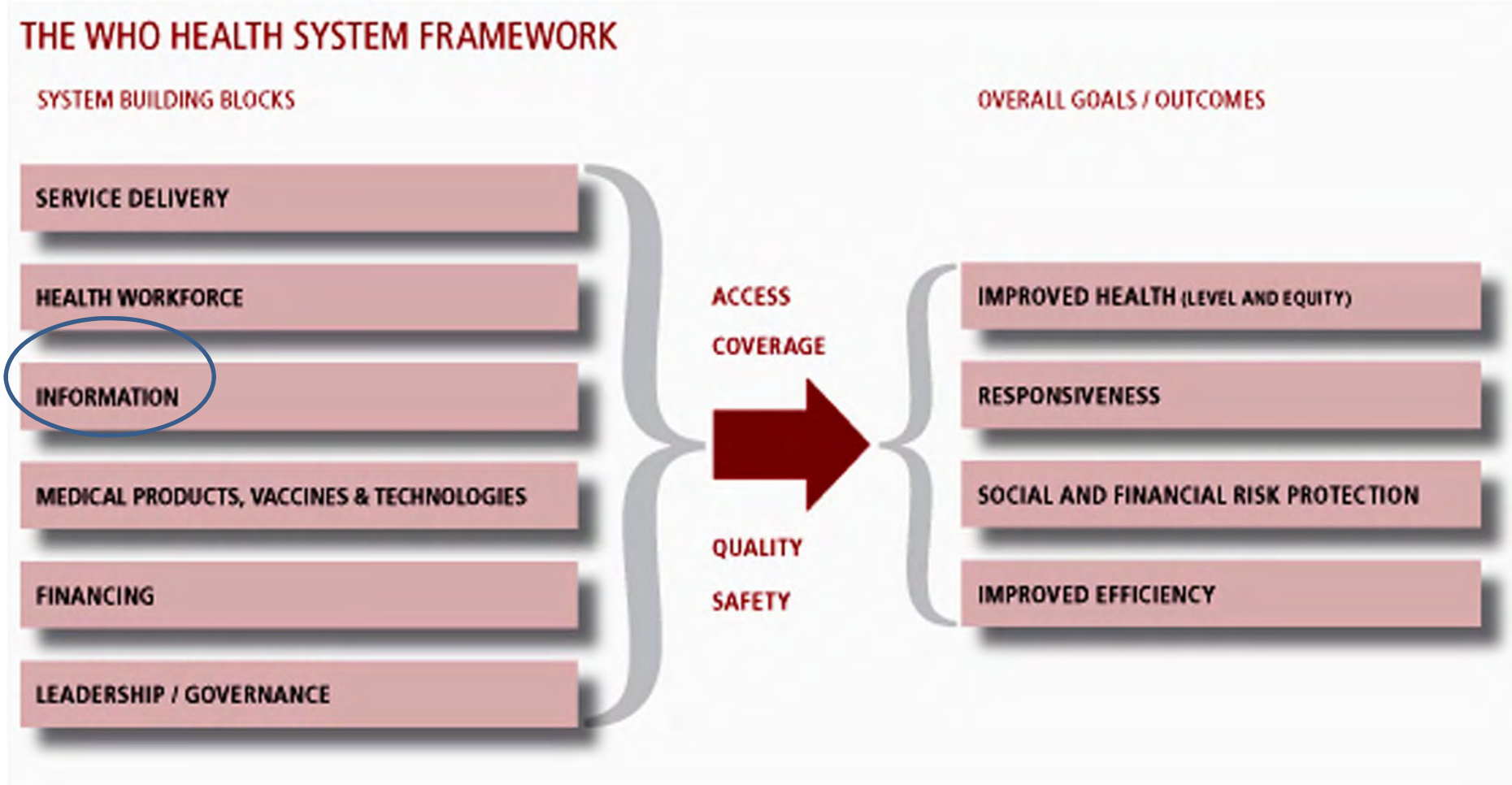
Health Management Information System (HMIS)

Dr. Thet Thet Mu
Director (DoPH)

Contents

- Current situation of – Public Health Information
  - Hospital Information
- Opportunity and challenges
- Future Plan

Health System Building Blocks

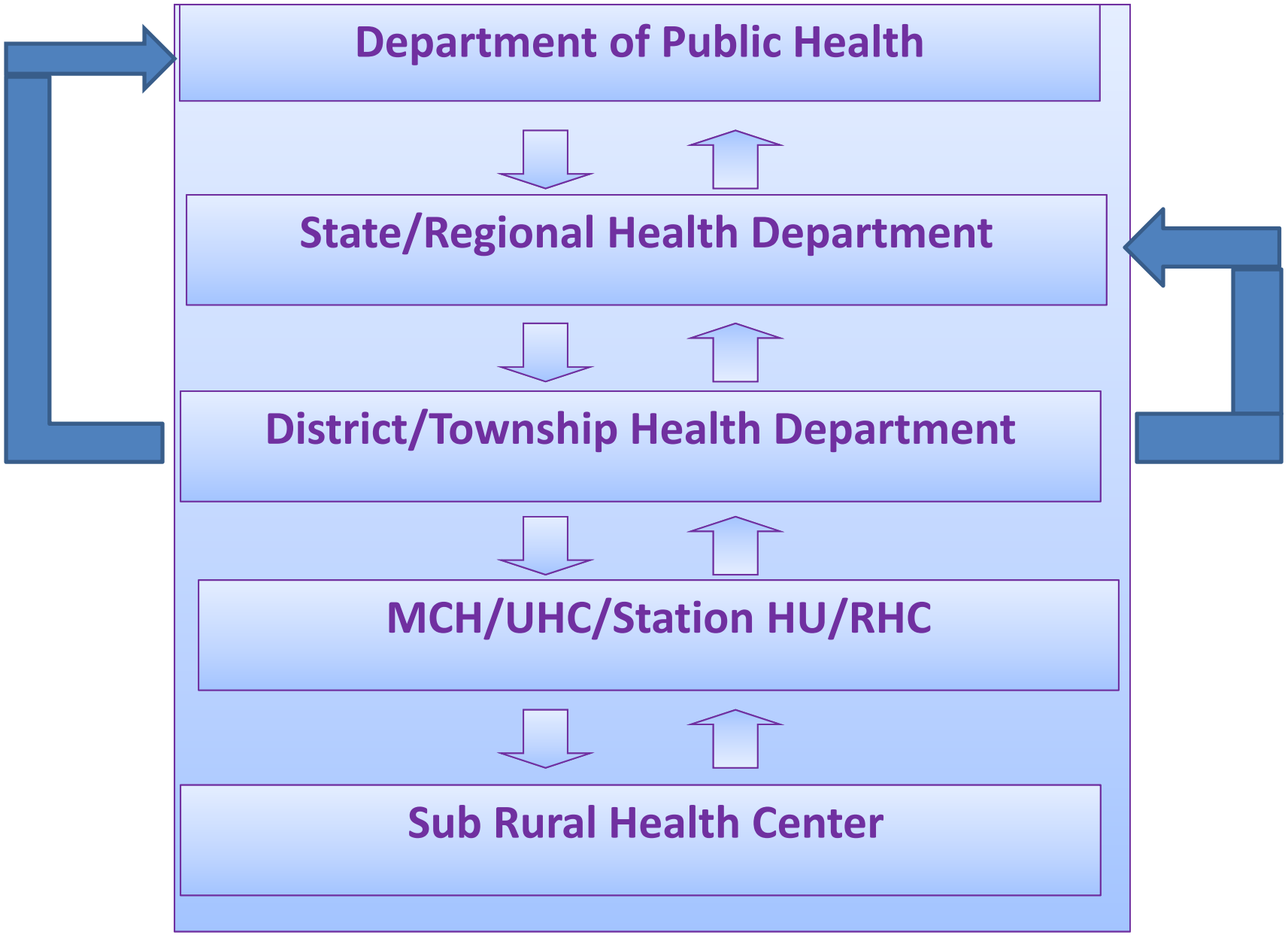


Subsystems of HIS

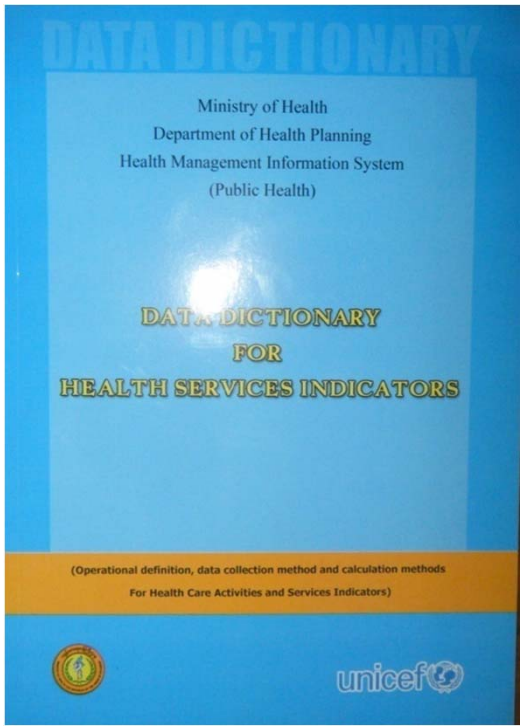
- Epidemiological surveillance system
- Routine service reporting system
- Program-specific reporting systems
- Administrative and resource management reporting systems
- Vital or Civil Registration Systems
- Population based surveys

Public Health Information

Data Flow


Department of Public Health
State/Regional Health Department
District/Township Health Department
MCH/UHC/Station HU/RHC
Sub Rural Health Center

Supporting Manuals



Data Dictionary (English Version))

For all townships

Data Dictionary (Myanmar Version)

For all staffs

Revised Public HMIS

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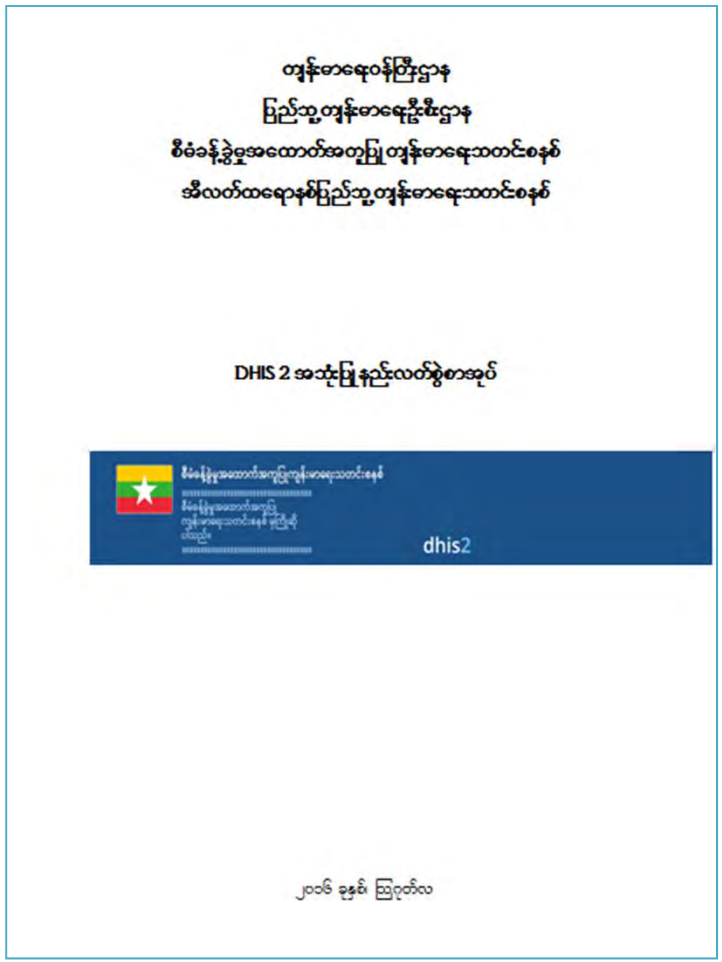
** 5 Records and Registers

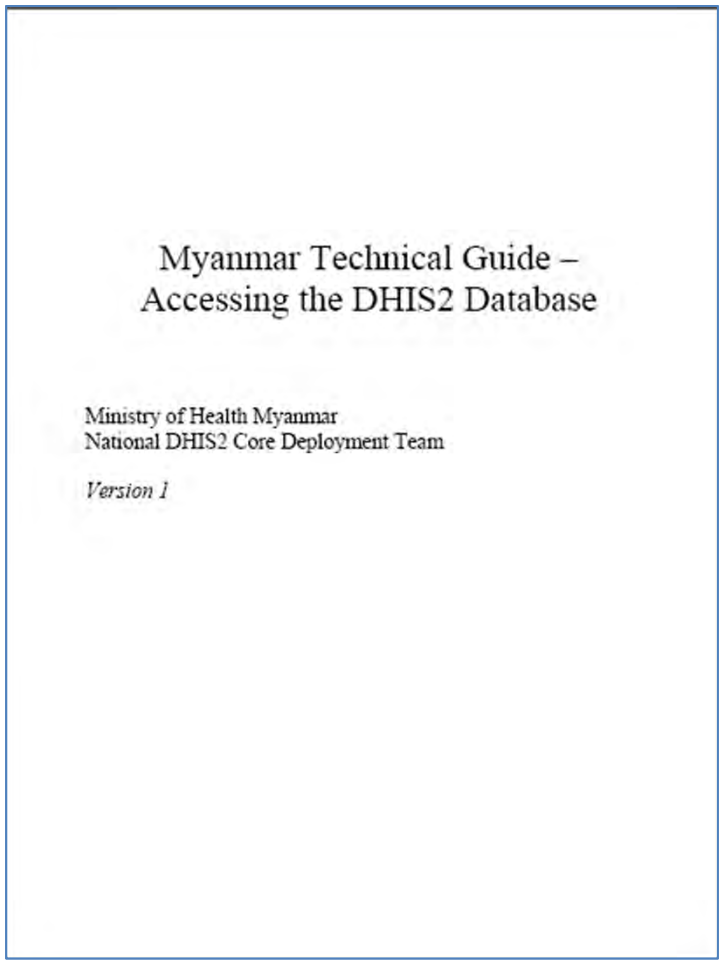
1. Clinic register
2. Field Record
3. Population and Annual Record
4. Birth Register
5. Death Register

** Mainly (3) Report Forms (A for individual and B for department)

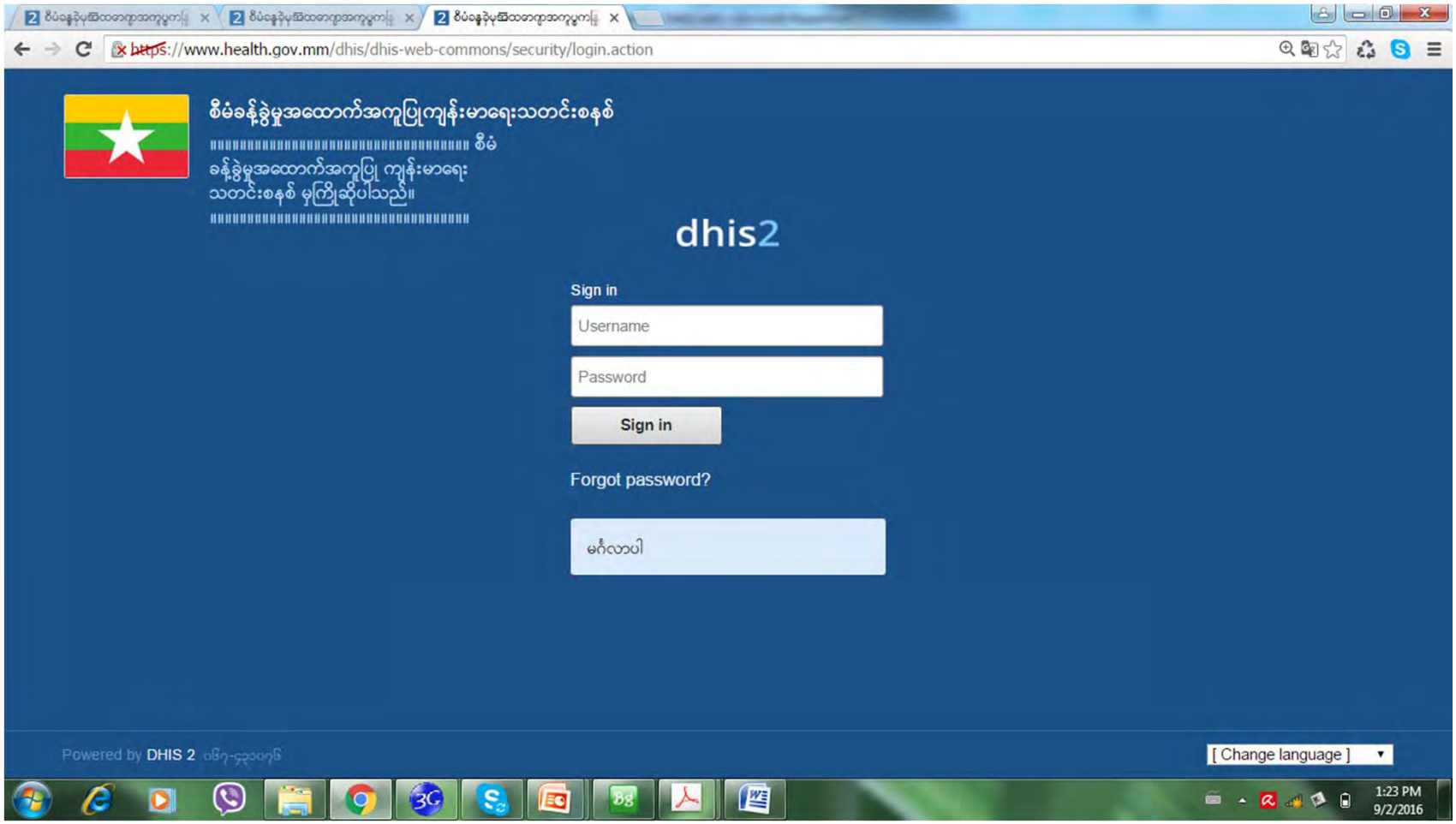
1. Monthly Report Forms (monthly report form 1A and 1B)
2. Quarterly Report Forms (quarterly report form 2A and 2B)
3. Yearly Report Forms (yearly report form 3A and 3B)

DHIS2 ဆော့ဝဲလ် အသုံးပြုနည်း လက်စွဲစာအုပ်



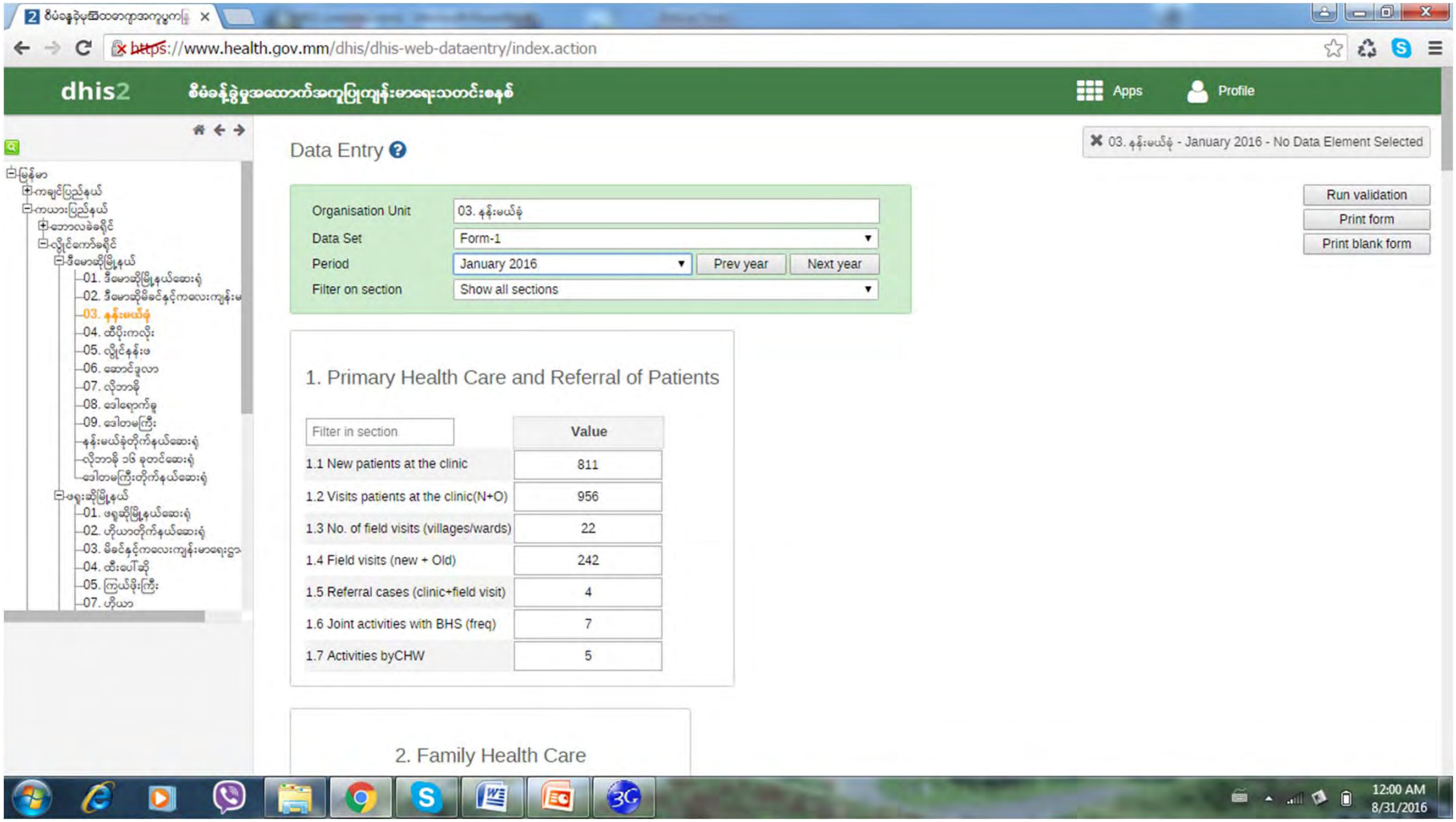


https://www.health.gov.mm/dhis

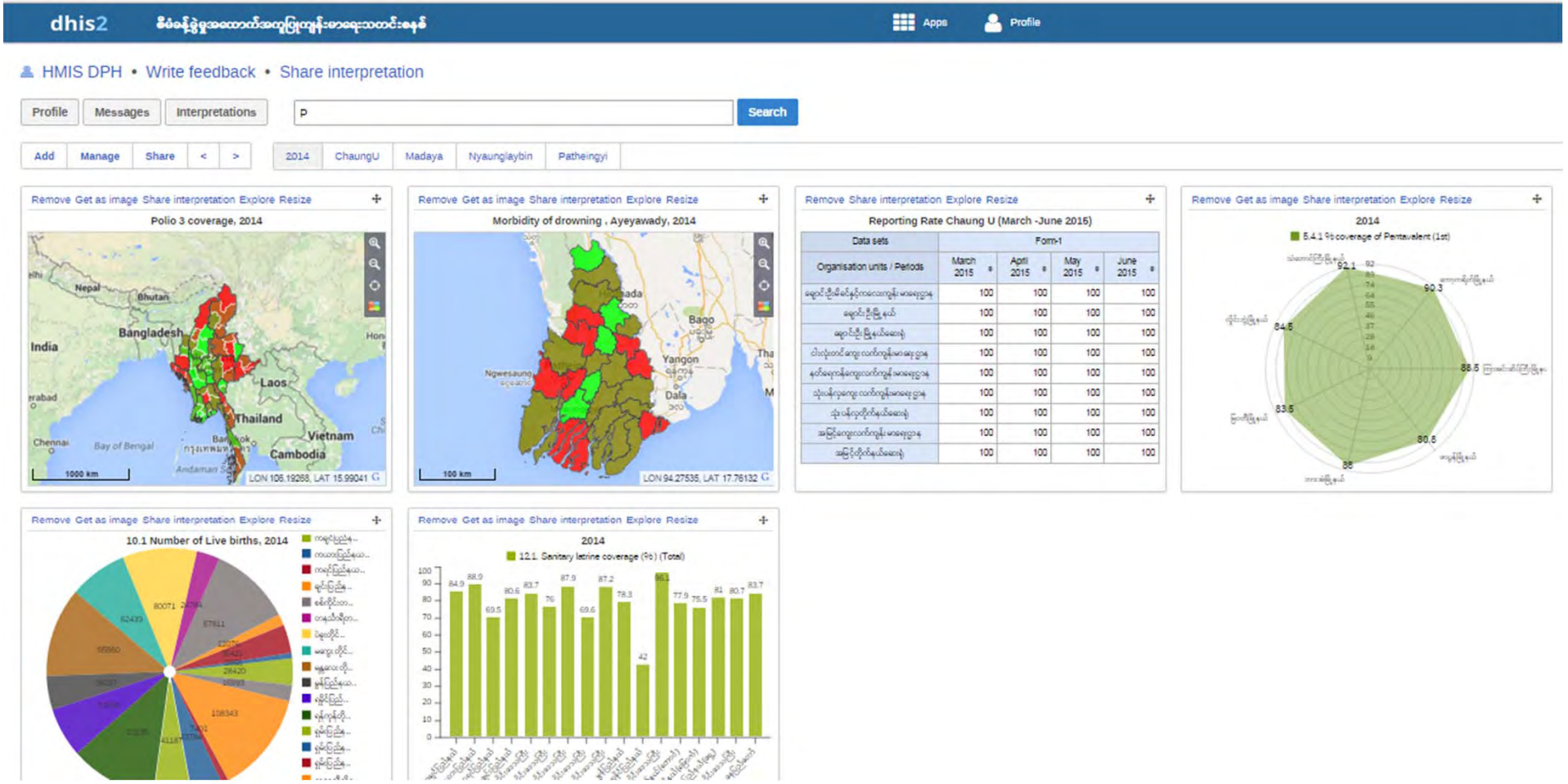


dhis2

Data entry



Dashboard


dhis2
Apps
Profile
HMIS DPH • Write feedback • Share interpretation
Profile
Messages
Interpretations
Search
Add
Manage
Share
2014
ChaungU
Madaya
Nyaunglaybin
Patheingyi
Remove Get as image Share interpretation Explore Resize
Polio 3 coverage, 2014
Nepal
Bhutan
India
Bangladesh
Laos
Thailand
Vietnam
Cambodia
Morbidity of drowning , Ayeyawady, 2014
Bago
Yangon
Dala
Reporting Rate Chaung U (March -June 2015)
Data sets
Form-1
Organisation units / Periods
March 2015
April 2015
May 2015
June 2015
2014
10.1 Number of Live births, 2014
2014
12.1 Sanitary latrine coverage (%) (Total)

Ministry of Health
The Republic of the Union of Myanmar

Annual Public Health Statistics 2013

Department of Public Health
Nay Pyi Taw, Myanmar
www.moh.gov.mm
December 2015

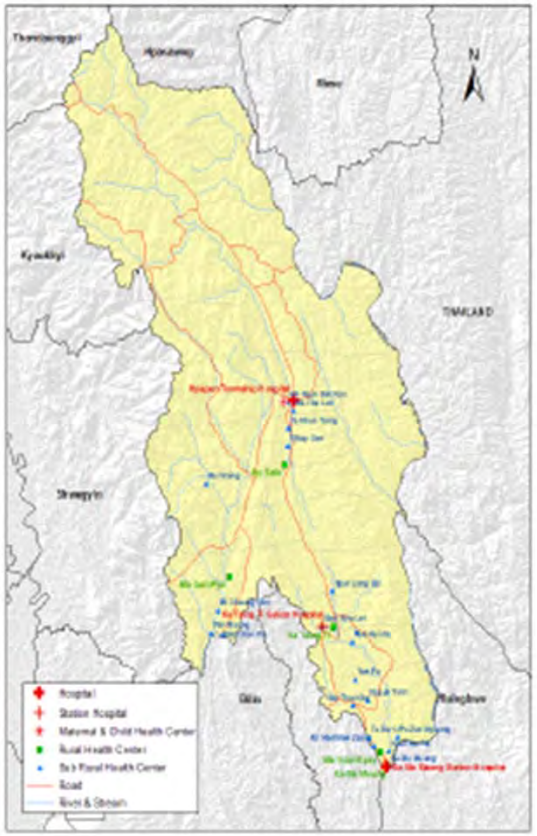
Data Sharing on Request

Date	Items	Department/Person	Uses
1.6.2016	CPR 2015	Dr. Myint Moh Soe	Sample selection for PhD paper
2.6.2016	FHC Indicators, MMR 2015	Maternal and reproductive section	Project Management
15.6.2016	Health Facility List	Department of Medical Research	Sample selection
23.6.2016	AMW in Bago region	Maternal and RH	Human resource management
24.6.2016	Accident and injury	Minister's Office	Accident Prevention committee

Township Health Profile

Phapun Township

Kayin State



1. MAP

2. AREA 6722.51 Sq-Km

3. LOCATION East(Thailand),West(Bago)
North(Phasaung),South(Hpa-an)

4. POPULATION * (2014)

Total	48095
Urban	3873
Rural	44222
Male	23270
Female	24825
Sex Ratio	94
< 5 Yr.	5585
0 - 14 Yr.	16050
15 - 49 Yr.	23197

5. POPULATION DENSITY (2014) 7.154322 Sq-Km

6. WARDS AND VILLAGES IN TOWNSHIP(2014)

Wards	8
Villages	305
Village Tracts	33

7. HEALTH FACILITIES

1	Township Hospital (100) Bedded	1
2	Hospital (25) Bedded	1
3	Station Hospital	1
4	Hospital Under Other Ministries	1
5	M.C.H	1
6	Rural Health Centers (Kama Maung, Ka Taing Ti, La Gun Pyo, Warkawkye, Kuseik)	5
7	Sub Health Centers	20

*** Population based on head count collected annually by BHS**

8. HEALTH MANPOWER (2014)

CATEGORY	DR	N	HA	LHV	PHSI	PHSII	MW
Sanction	33	105	4	6	-	25	26
Appointed	4	54	3	6	-	10	26
Vacant	29	51	1	-	-	15	-

V.H.W	C.H.W	A.M.W	T.T.B.A
Trained	52	54	-
Functioning	39	39	-

9. N.G.Os (2014)

M.M.C.W.A (Branch Association)	1
RED CROSS (Branch Association)	1
M.M.A (Branch Association)	1
NURSE ASSOCIATION (Branch Association)	1
H.A. ASSOCIATION (Branch Association)	1

10. COMMUNITY HEALTH CARE

PERCENT OF	2012	2013	2014
% of new patients at the clinic	19.5	24.7	52.7
% of referral cases	1.3	1.2	0.7

11. SCHOOL HEALTH

PERCENT OF	2012	2013	2014
Coverage of Schools Examined	46	81	94
Coverage of Primary Students Examined	56	91	91
Coverage of Schools with Sanitary Latrine	38	66	94
Coverage of Schools with Safe Water Supply	45	71	94

12. NUTRITION

PERCENT OF	2012	2013	2014
% of newborns with Low Birth Weight (Male)	0.8	1.6	2.0
% of newborns with Low Birth Weight (Female)	1.3	3.1	1.8
% of Under 5 Children with underweight	2.7	5.6	4.6
% of Under 5 Children with severe underweight	0.2	0.1	0.2

13. REPRODUCTIVE HEALTH

ITEM	2012	2013	2014
% of Home Deliveries (Health Staff)	59.0	49.8	41.4
% of Home Deliveries (AMW)	6.5	12.4	6.3
% of Institutional Deliveries	32.1	31.3	35.7
Rate of Referral %	5.7	10.8	16.1
Avg. no. of Attendance (AN)	4	3	3
Antenatal Care Coverage (%)	80.6	84.6	89.5
Proportion of births attended by skilled health personnel (%)	85.4	77.9	88.7
Postnatal Care Coverage (%)	86	95	98

14. EXPANDED PROGRAMME ON IMMUNIZATION

PERCENT OF	2012	2013	2014
B.C.G	76	79	81
Pentavalent 3	-	64	75
O.P.V 3	74	70	75
Measles (9 Months)	73	76	73
T.T 2	75	67	78

15. COMMON DISEASES IN DUNS

DISEASE	2014	
	Morbidity	Mortality
Malaria (per 100000 Pop)	3393.28	2.08
ARI (Pneumonia) (per 100000 <5Children)	9847.81	-
Diarrhoea (per 100000 Pop)	3114.67	-
Dysentry (per 100000 Pop)	580.10	-
TB (Sputum Smear +) (per 100000 Pop)	62.38	-
Snake Bite (per 100000 Pop)	4.16	-

16. MALARIA

PERCENT OF	2012	2013	2014
% of Malaria among outpatients	17.71	16.90	5.96
Case Fatality Rate	1.08	1.66	0.55

17. TUBERCULOSIS

PERCENT OF	2012	2013	2014
New Case Detection Rate	2.19	58.53	41.58

18. AIDS/ STD PREVENTION AND CONTROL

PERCENT OF	2012	2013	2014
VDRL(Syph +ve rate) In Primigravida	-	-	-

19. LEPROSY

ITEM	2012	2013	2014
Prevalence rate per 10000 Population	0.23	0.23	-
New Case Detection Rate per 100000 Population	2.30	9.10	-

20. CHILD HEALTH DEVELOPMENT (Under 5 Years Children)

PERCENT OF	2012	2013	2014
% of <5 Children with severe Dehydration	4.91	1.90	0.49
% of <5 Children receiving antibiotics treatment for pneumonia	97.37	93.79	89.85
% of newborn care	75.19	81.44	98.50

21. ENVIRONMENTAL HEALTH

PERCENT OF	2012	2013	2014
Coverage of Sanitary Latrines (Urban)	96	98	93
Coverage of Sanitary Latrines (Rural)	80	79	70
Coverage of Sanitary Latrines (Total)	81	80	72

22. PREVENTION OF ACCIDENT AND INJURY

ITEM	2014	
	Morbidity (per 1000 Pop)	Mortality (per 100000 Pop)
Transport Accident	4.28	2.08
Suicide	0.08	4.16
Assault	0.77	2.08

23. HEALTH IMPACT INDICATORS

IN HEALTH SERVICE COVERED AREA	2012	2013	2014
Population Growth Rate %	1.0	1.1	1.6
IMR/1000 Live Births (Reported)	9.3	15.1	6.4
U5MR/1000 Live Births (Reported)	13.0	21.7	6.4
MMR/1000 Live Births (Reported)	1.9	-	1.1

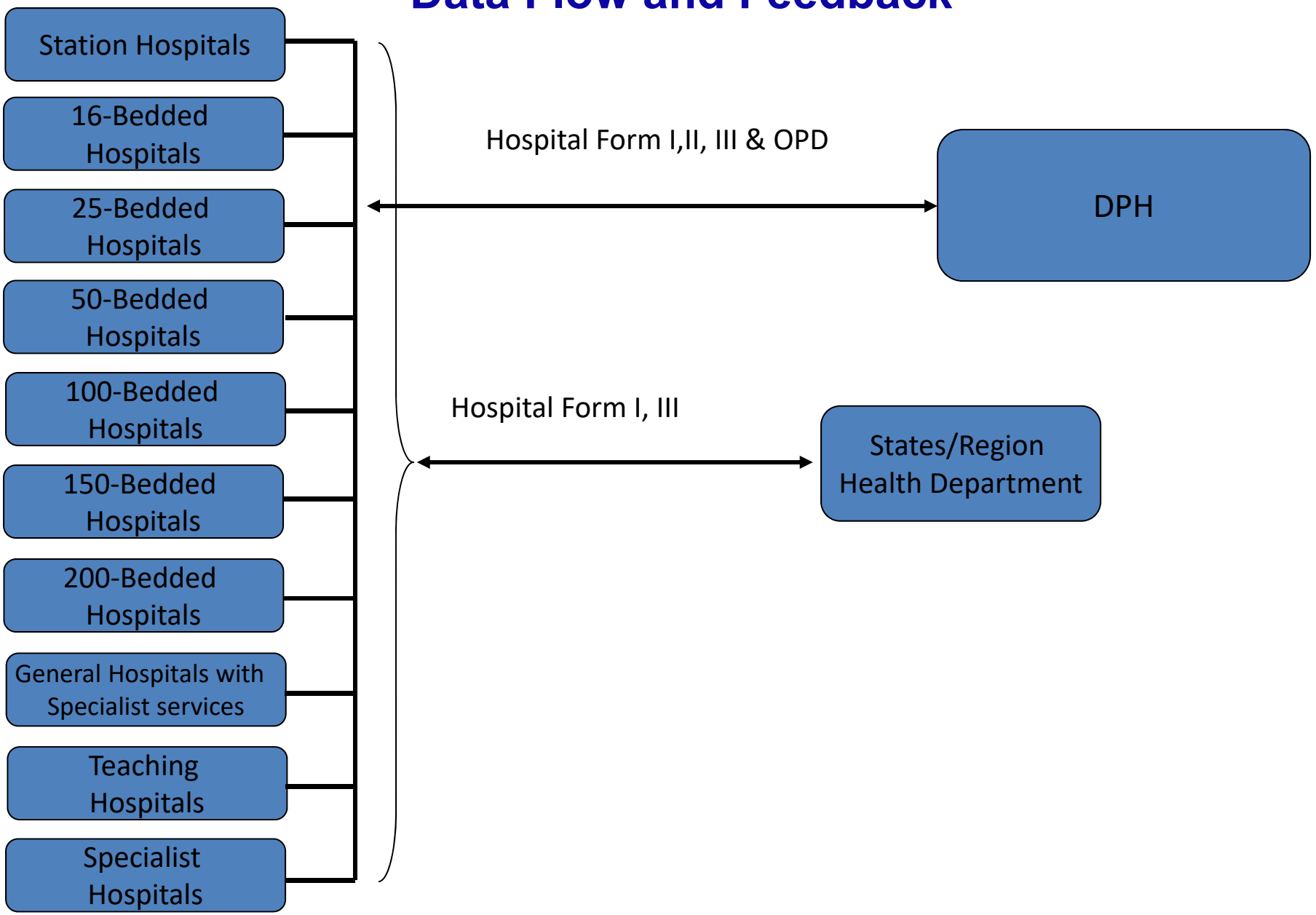
24. HOSPITAL SERVICE AND ADMINISTRATIVE INDICATORS

ITEM	2012	2013	2014
Total No. of Out-patients	6317	6179	9511
Total No. of In-patients	2594	2474	2702
General Anaesthesia	52	62	57
Spinal Anaesthesia	42	54	59
Local Anaesthesia	196	322	289
Other Anaesthesia	43	41	77
Total No. of Deliveries	212	234	304
Total No. of Abortions	49	64	64
Total No. of Deaths	28	36	23
Avg. No. of In-patient Per Day	27	28	29
Avg. Duration of Stay Days	4	4	4
Bed Occupancy Rate % Based on Sanction Bed	23	24	25

Phapun

Hospital Information (Public & Private)

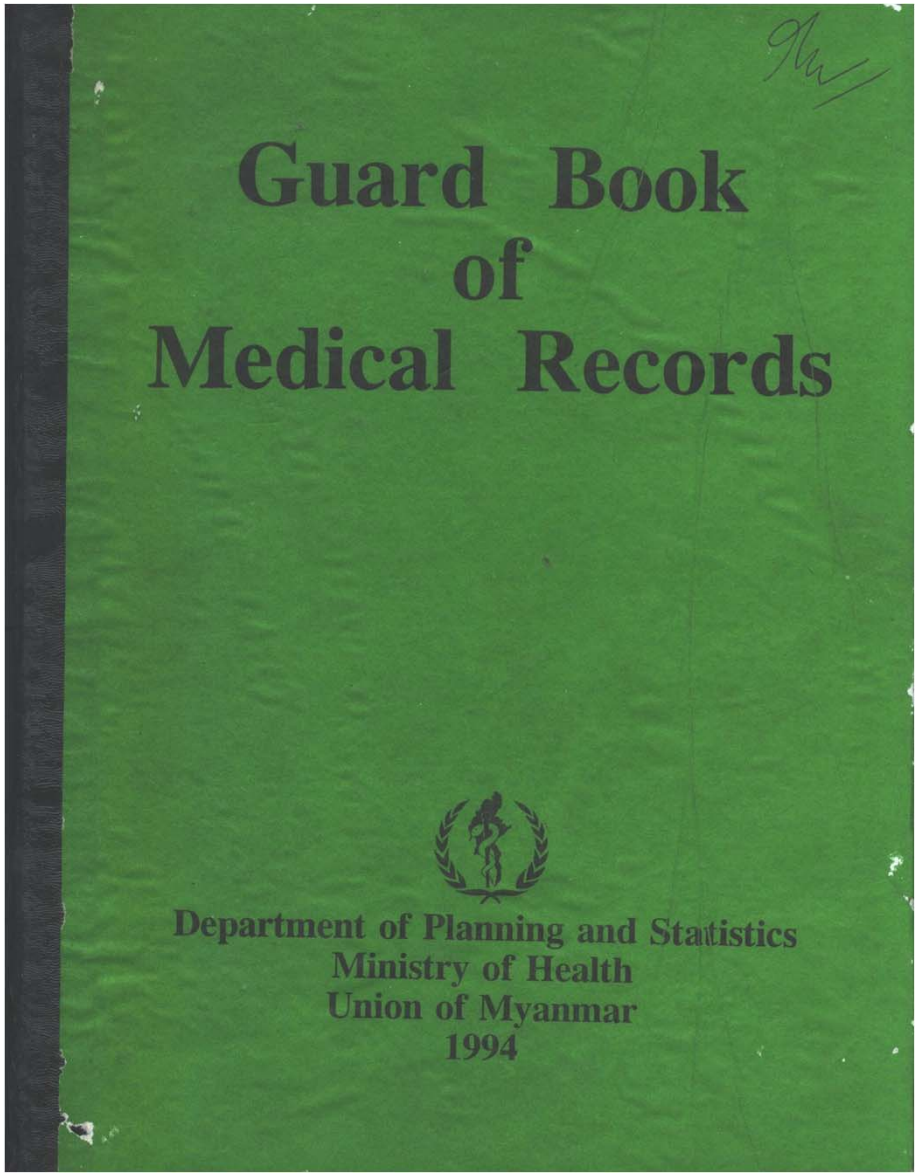
Data Flow and Feedback



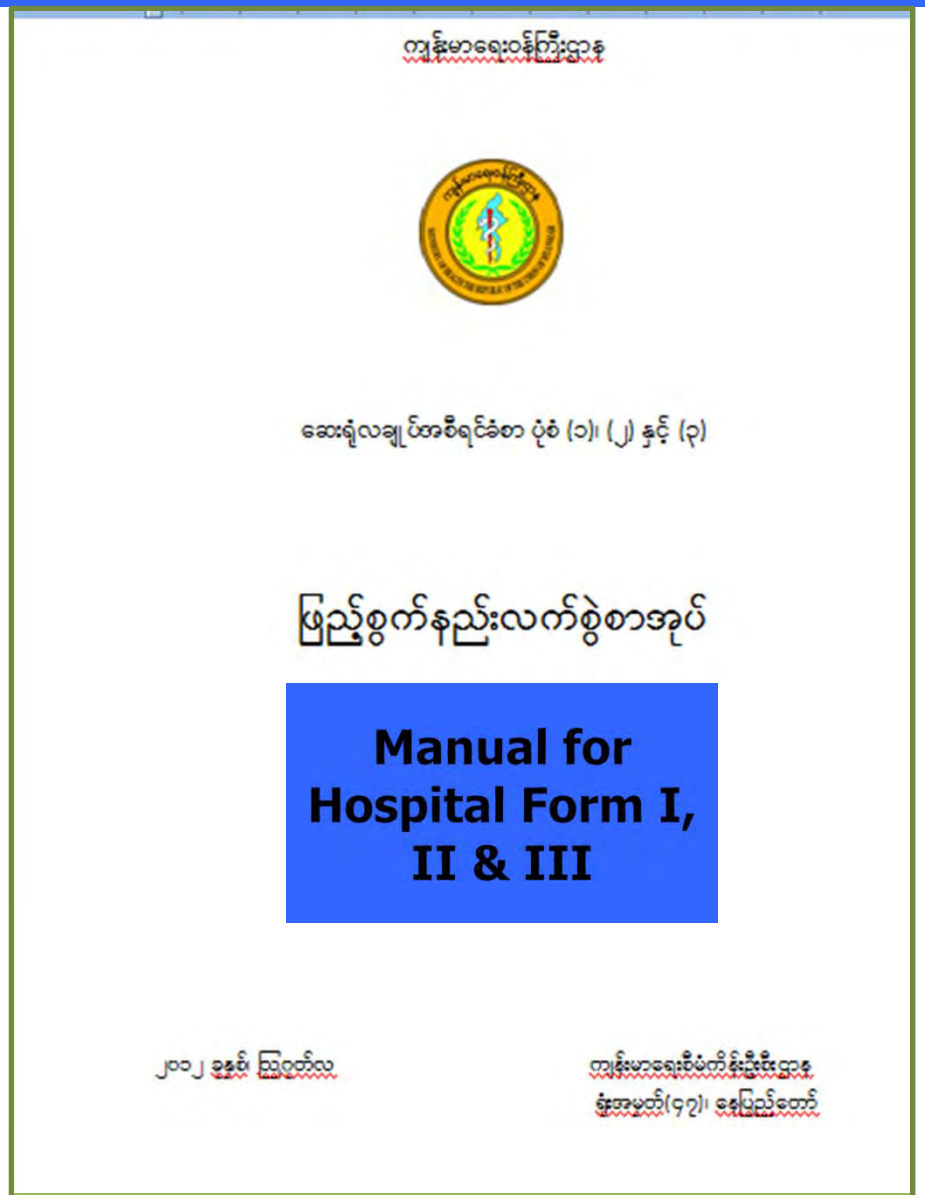
Medical record forms revised at 1994…..
Needs to be updated

Standardized formats of the Medical Record forms

(MR 1-20)



Standardized Hospital report forms for all Hospitals


ကျန်းမာရေးဝန်ကြီးဌာန

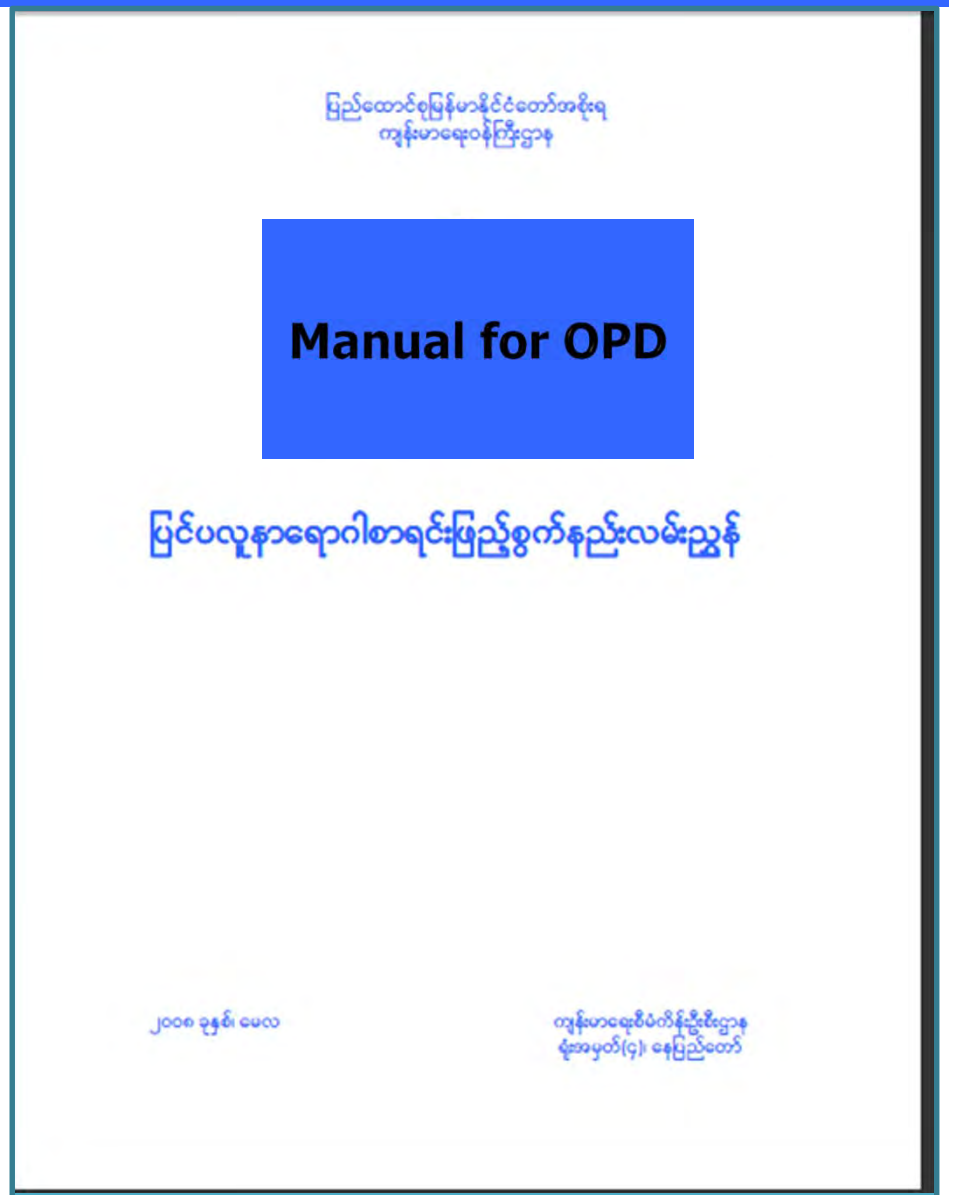
ဆေးရုံလချုပ်အစီရင်ခံစာ ပုံစံ (၁)၊ (၂) နှင့် (၃)

ဖြည့်စွက်နည်းလက်စွဲစာအုပ်

Manual for Hospital Form I, II & III

၂၀၁၂ ခုနှစ်၊ ဩဂုတ်လ

ကျန်းမာရေးစီမံကိန်းဦးစီးဌာန
ရုံးအမှတ်(၄၇)၊ နေပြည်တော်


မြည်ထောင်စုမြန်မာနိုင်ငံတော်အစိုးရ
ကျန်းမာရေးဝန်ကြီးဌာန

Manual for OPD

ပြင်ပလူနာရောဂါစာရင်းဖြည့်စွက်နည်းလမ်းညွှန်

၂၀၁၈ ခုနှစ်၊ မေလ

ကျန်းမာရေးစီမံကိန်းဦးစီးဌာန
ရုံးအမှတ်(၄)၊ နေပြည်တော်

Hospital report forms

- **Monthly hospital return**
- **Monthly general inpatient summary**
- **Hospital inpatient daily record**

- Outpatient report form

MONTHLY HOSPITAL RETURN (ADMINISTRATIVE) **FORM I**

(TO BE COMPLETED AND POSTED NOT LATER THAN THE 7TH OF EACH MONTH) (REVISE/2013)

NAME OF HOSPITAL ---------- TOWNSHIP ---------- REGION/STATE ---------- MONTH ---------- YEAR ---------

PART A. NO. OF BEDS:

(1) SANCTIONED BEDS ---------- (2) AVAILABLE BEDS AT END OF MONTH ----------

PART B. IN-PATIENT ACTIVITIES:

SR. NO.	SPECIALITY	NO. OF PATIENTS BEGINNING OF MONTH	ADMIS-SIONS DURING MONTH	TOTAL UNDER CARE (3+4)	DISCH-ARGES	DEATHS	TOTAL DISCH-ARGES (6+7)	PATIENT DAYS
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
	TOTAL							

PART C. OUT-PATIENT ACTIVITIES

SR. NO.	SPECIALITY	NEW CASES	OLD CASES	TOTAL ATTEN-DANCES
1	**2**	**3**	**4**	**5**
	TOTAL			

PART D. OBSTETRIC SERVICES:			PART E. SURGICAL ACTIVITIES:		
1	NO. OF WOMEN DELIVERED		1	GENERAL ANAESTHESIA	
2	NO. ADMITTED FOR PUERPERIAL CARE		2	SPINAL ANAESTHESIA	
3	NO. OF ABORTIONS		3	LOCAL ANAESTHESIA	
4	NO. OF LIVEBIRTHS		4	OTHER ANAESTHESIA	
5	NO. OF STILLBIRTHS				

PART F. DEATHS				PART G. MISCELLANEOUS ACTIVITIES		TOTAL
F-1 IN-PATIENT DEATHS: (TOTAL NO.)		**F-2 NEWBORN DEATHS** (TOTAL NO.)		1.	POLICE CASES	
				2.	PATIENTS BROUGHT IN DEAD	
IN-PATIENT DEATHS: (WITHIN 48 HOURS OF ADMISSION)		NOTE: Newborn deaths refer to babies who were born in hospital and died before being discharged with or without their mothers.		3.	AUTOPSIES PERFORMED	
NOTE: Inpatient deaths refer to patients who were admitted to hospital and died before being discharged.						

PART H. MANPOWER:			
		Male	**Female**
1	NO. OF SPECIALISTS		
2	NO. OF DOCTORS		
3	NO. OF DENTAL SURGEONS		
4	NO. OF NURSES		
5	NO. OF MEDICAL TECHNICIANS		
	TOTAL		

* Part H ကို နှစ်စဉ် December လ Report တွင်သာ ထည့်သွင်းအစီရင်ခံရန် ကျန်သောလများတွင် Part H ကို ဖြည့်စွက်ရန်မလိုပါ။

Signature .....

Name -.....

Designation .....

Hospital .....

MONTHLY GENERAL IN-PATIENT SUMMARY

FORM II
(REVISE/2013)

NAME OF HOSPITAL ---------- TOWNSHIP ---------- REGION/STATE ---------- MONTH ---------- YEAR ---------

SR. No.	ADMISSION NUMBER	SEX	AGE			DATE OF		PRINCIPAL/ DISCHARGE DIAGNOSIS (OR) NATURE OF INJURY BY SITE	CO-MORBIDITY/OTHER COMPLICATION (OR) EXTERNAL CAUSES OF INJURY (INCLUDING PLACE OF OCCURRENCE & ACTIVITY)	OPERATIONS PERFORMED	TYPE OF DISCHARGE	DISCHARGE STATUS
			Y	M	D	ADMISSION D/M/Y	DISCHARGE D/M/Y					
(1)	(2)	(3)	(4)			(5)	(6)	(7)	(8)	(9)	(10)	(11)
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HOSPITAL DAILY RECORD (IN - PATIENT)

FORM III
(Revise/2013)

(To be completed and posted not later than the 7th of each month)Month ..... 20 .....
Name of Hospital ..... Speciality(**)..... Township .....Region/State.....

Date	PART (A) Patients admitted to Hospital									PART (B)			PART (C)
	No. of Patients in Hospital (Previous Day)	Admis-sion	Transfers in from other wards	Total (Cols. 2+3+4)	Disch-arges	Death *	Trans - fer Out to other wards	Total (Cols. 6+7+8)	No. of Patients in Hospital (End of Day) (Cols. 5-9)	Babies born in Hospital			Patients admitted and discharged on the same day
										Live	Still	Death of new born	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
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OPD Form

Out-Patient Report Form

(A) Name of OPD ---------- (B) Township ---------- (C) State/Division ---------- (D) Date of Data Collection ----------

Sr. No. (1)	OPD Registration No. (2)	Sex (3)		Age (4)			Residing form the place (Township/Quarter/Village Tract) where OPD in situated (5)		Patient (6)		Diagnosis (7)	Operation If present (8)
		M	F	Y	If under (1) year old M	If under (1) year old D	Yes	No	New	OLD		
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Hospital indicators

1. • Average number of out-patients per day = $\frac{\text{Total number of out-patient attendance}}{\text{Number of working days in year}}$

2. • Average number of in-patients per day = $\frac{\text{Total number of patient days}}{\text{365 (Number of days in year)}}$

3. • Average duration of Stay (in days) = $\frac{\text{Total number of patient days}}{\text{Number of discharges \& deaths}}$

4. • Percentage of occupancy based on available beds = $\frac{\text{Average number of in-patient per day x 100}}{\text{Number of available beds}}$

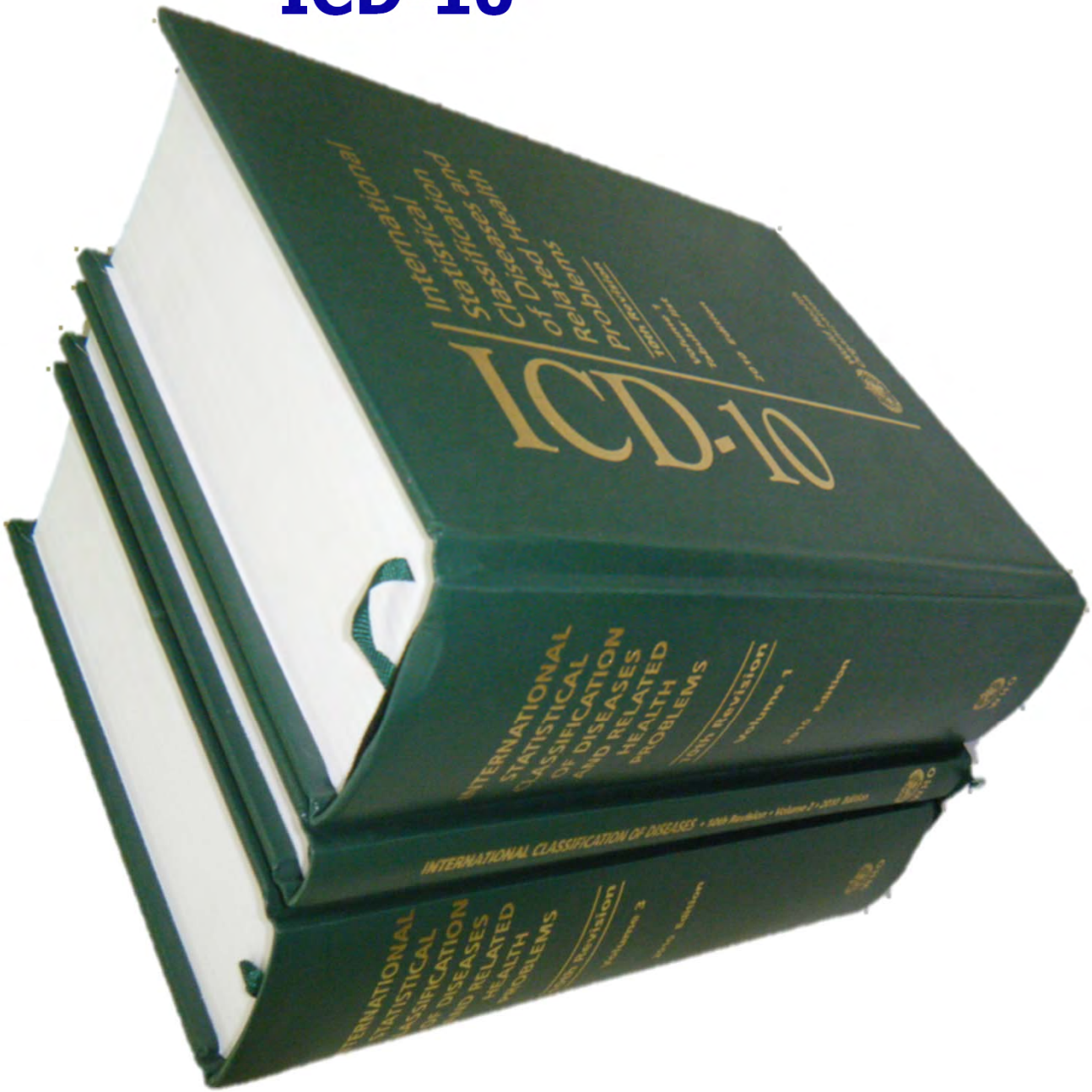
5 • Percentage of occupancy = $\frac{\text{Average number of in-patient per day x 100}}{\text{Number of sanctioned beds}}$
• based on sanctioned beds

6 • Average turn-over of = $\frac{\text{Number of discharges \& deaths}}{\text{Number of available beds}}$
• patients per bed per year

7 • Average turn-over = $\frac{\text{[(Available beds x 365) – patient days]}}{\text{Number of discharges \& deaths}}$
• interval (in days)

8 • Fatality rate per 1000 = $\frac{\text{Number of deaths x 1000}}{\text{Number of Discharges \& deaths}}$
• Discharges & deaths

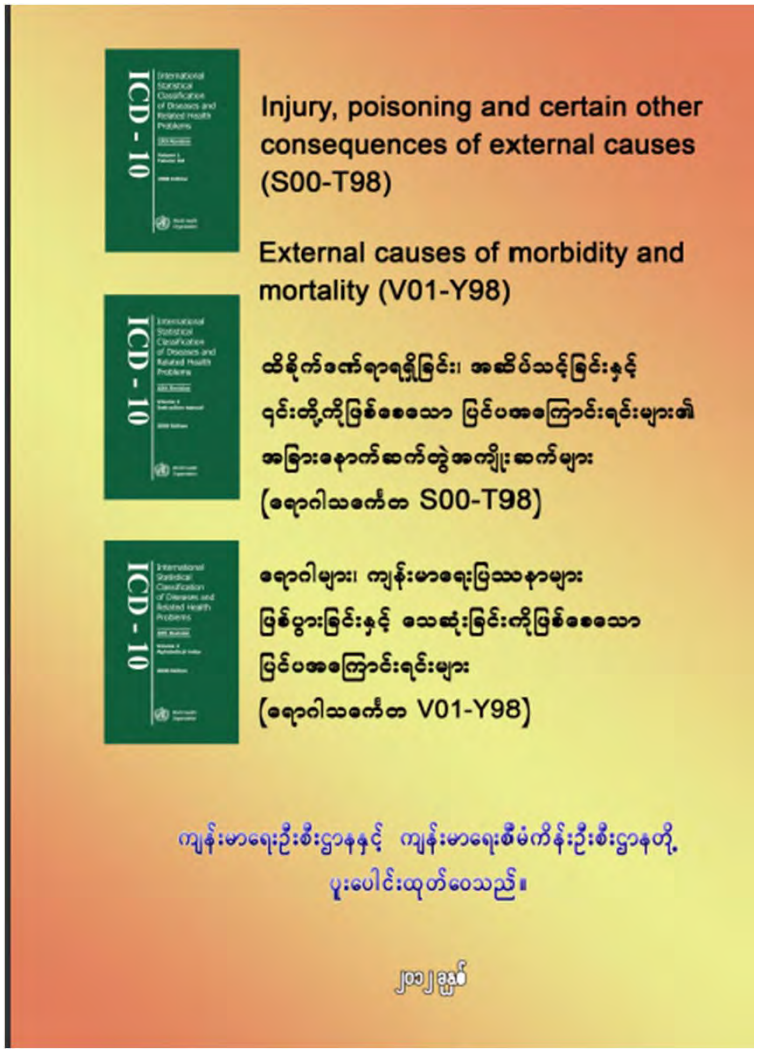
ICD-10


ICD-10
International Statistical Classification of Diseases and Related Health Problems
INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND RELATED HEALTH PROBLEMS
INTERNATIONAL CLASSIFICATION OF DISEASES

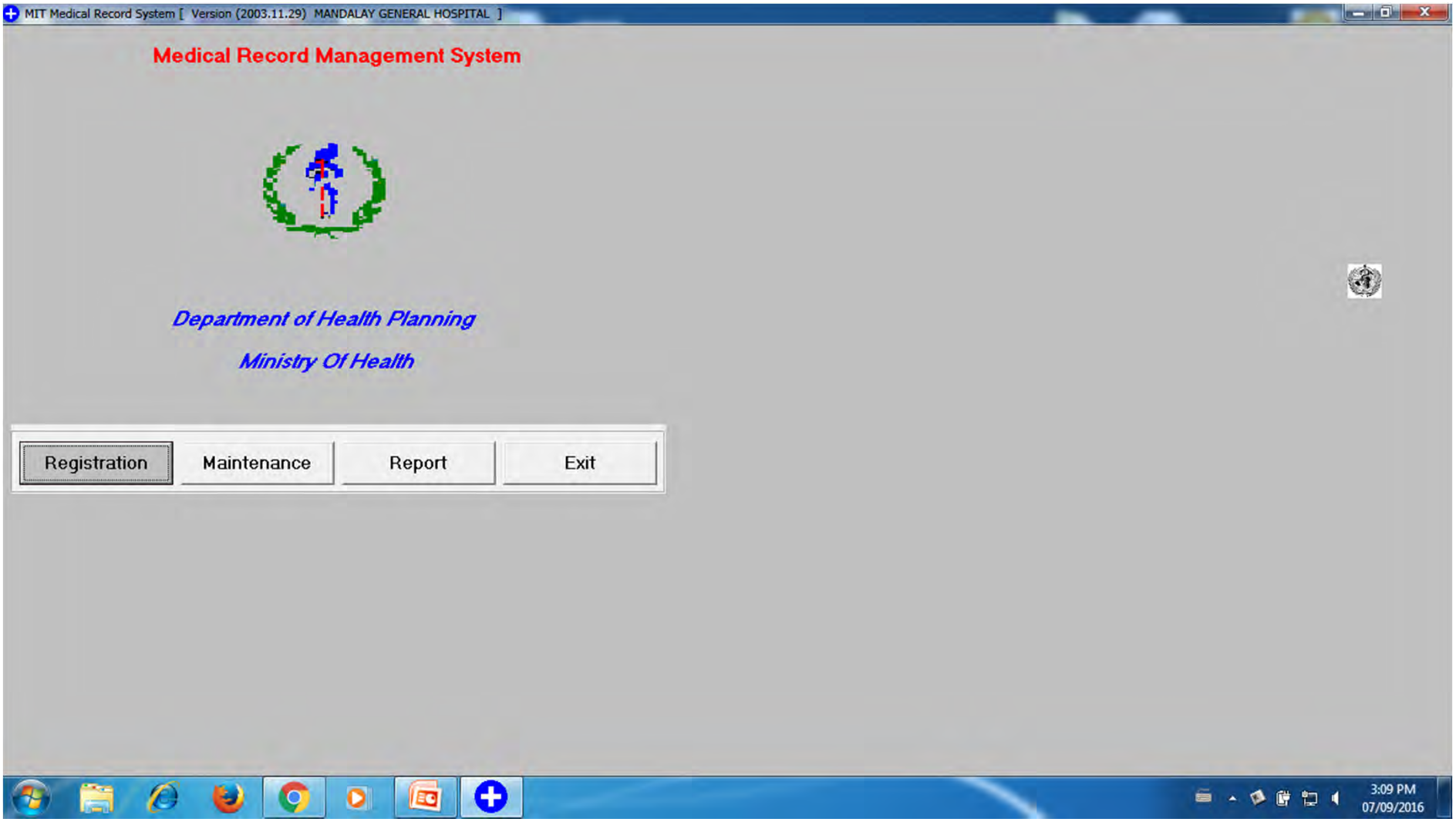
Use of ICD(International Statistical Classification of Diseases and Related Health Problems) in Myanmar

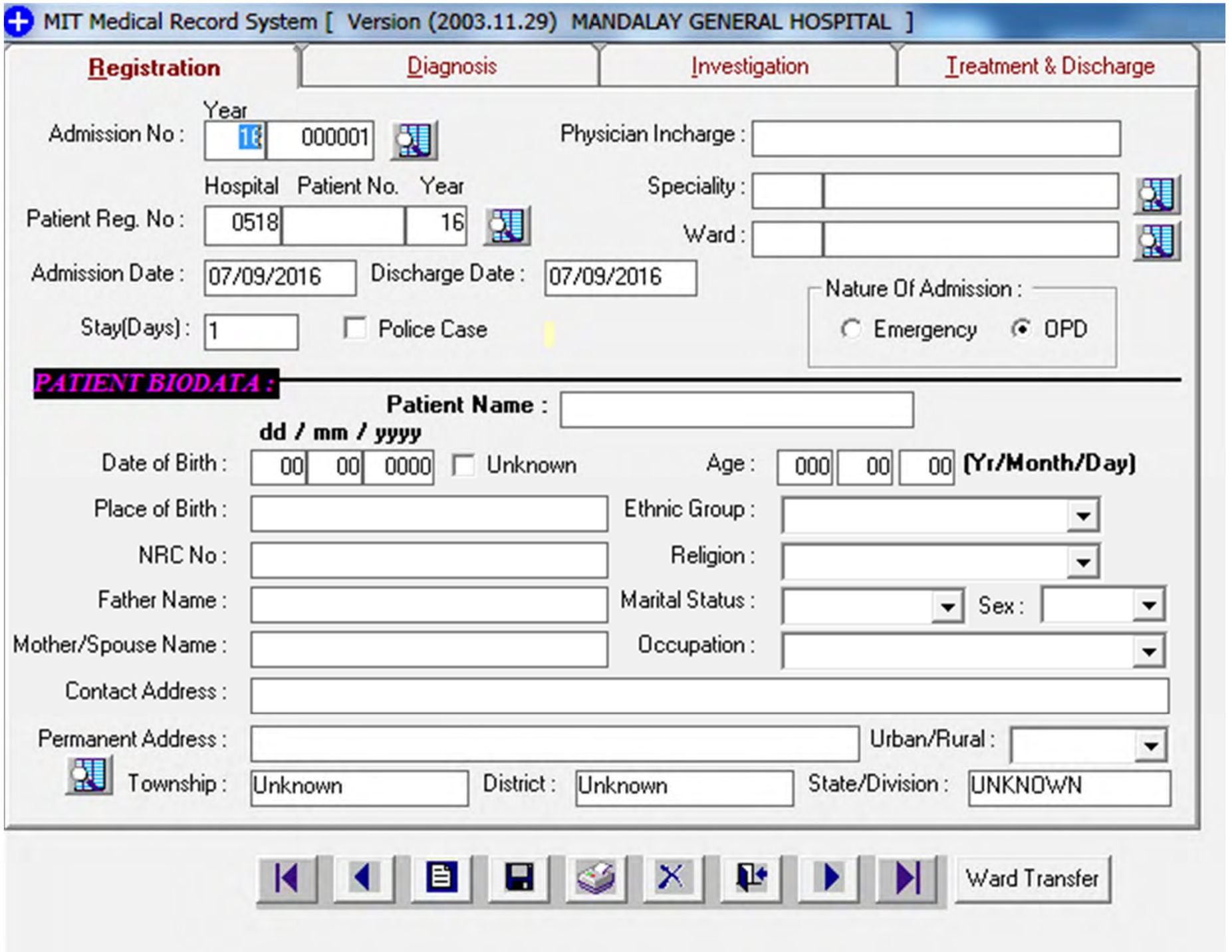
1962- ICD 7
1968- ICD 8
1979- ICD 9
1996- ICD 10

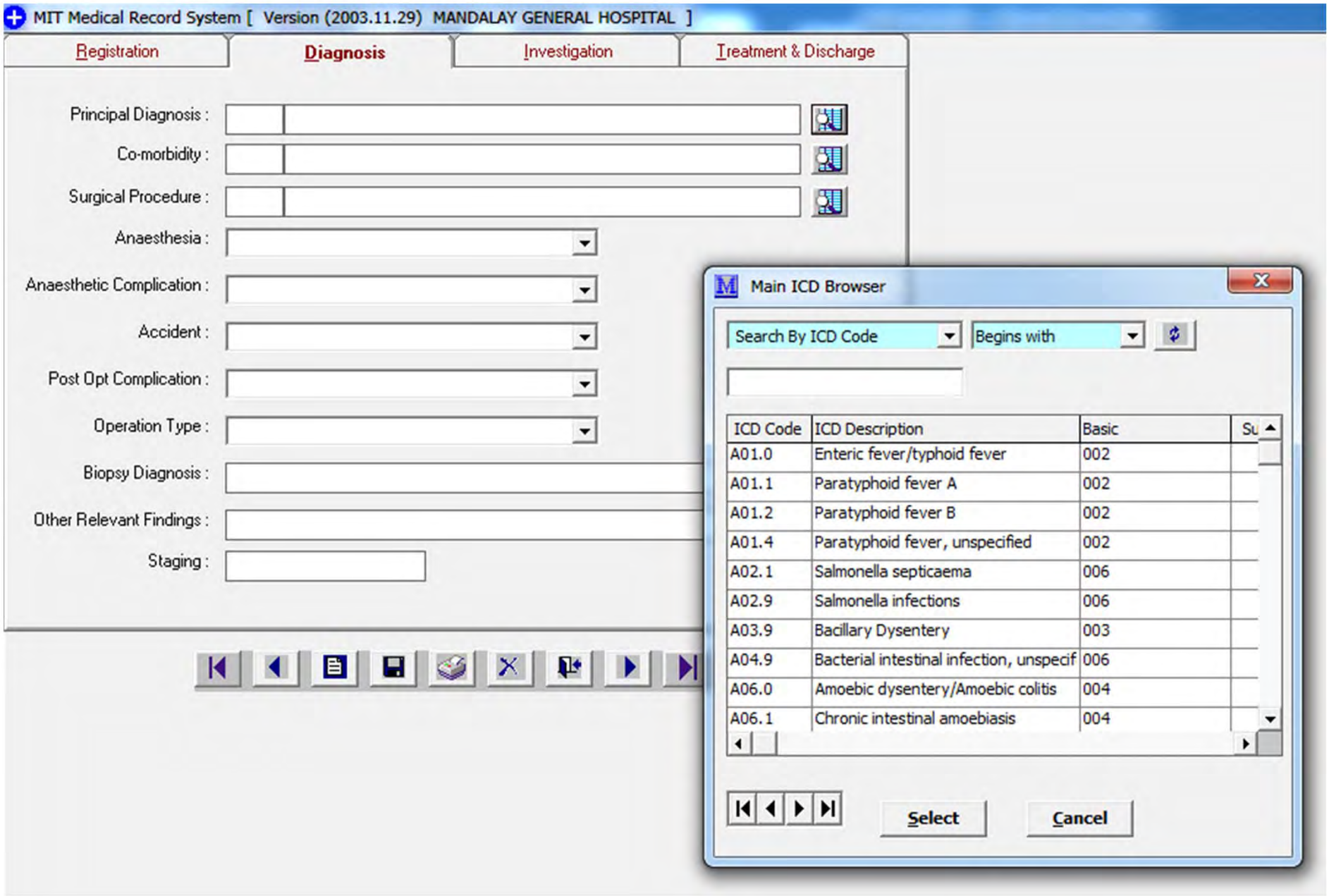
Translation---------- Chapter XIX, XX

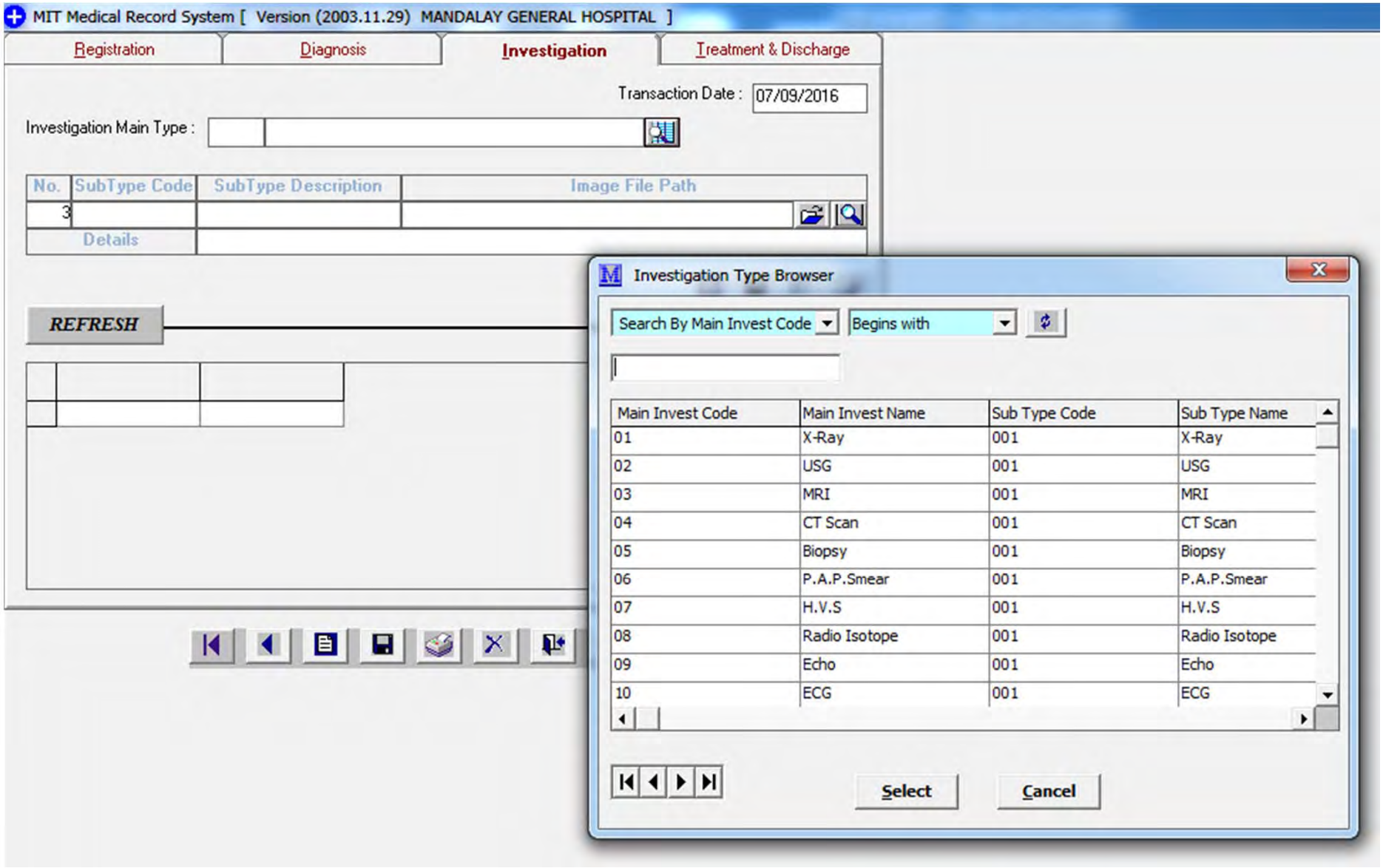


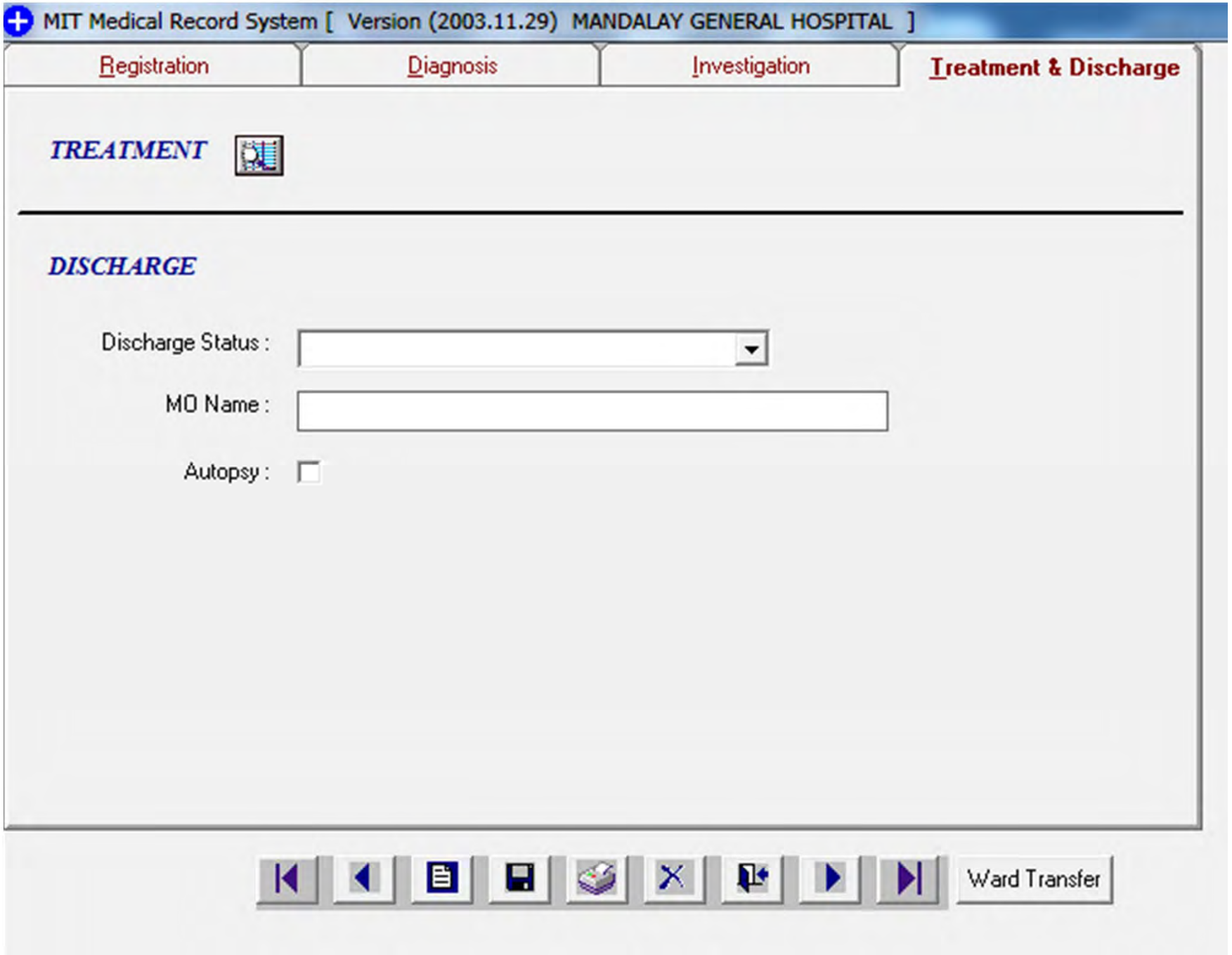
MIT Medical
Record S...
Security First
User Name
Password
OK
Quit

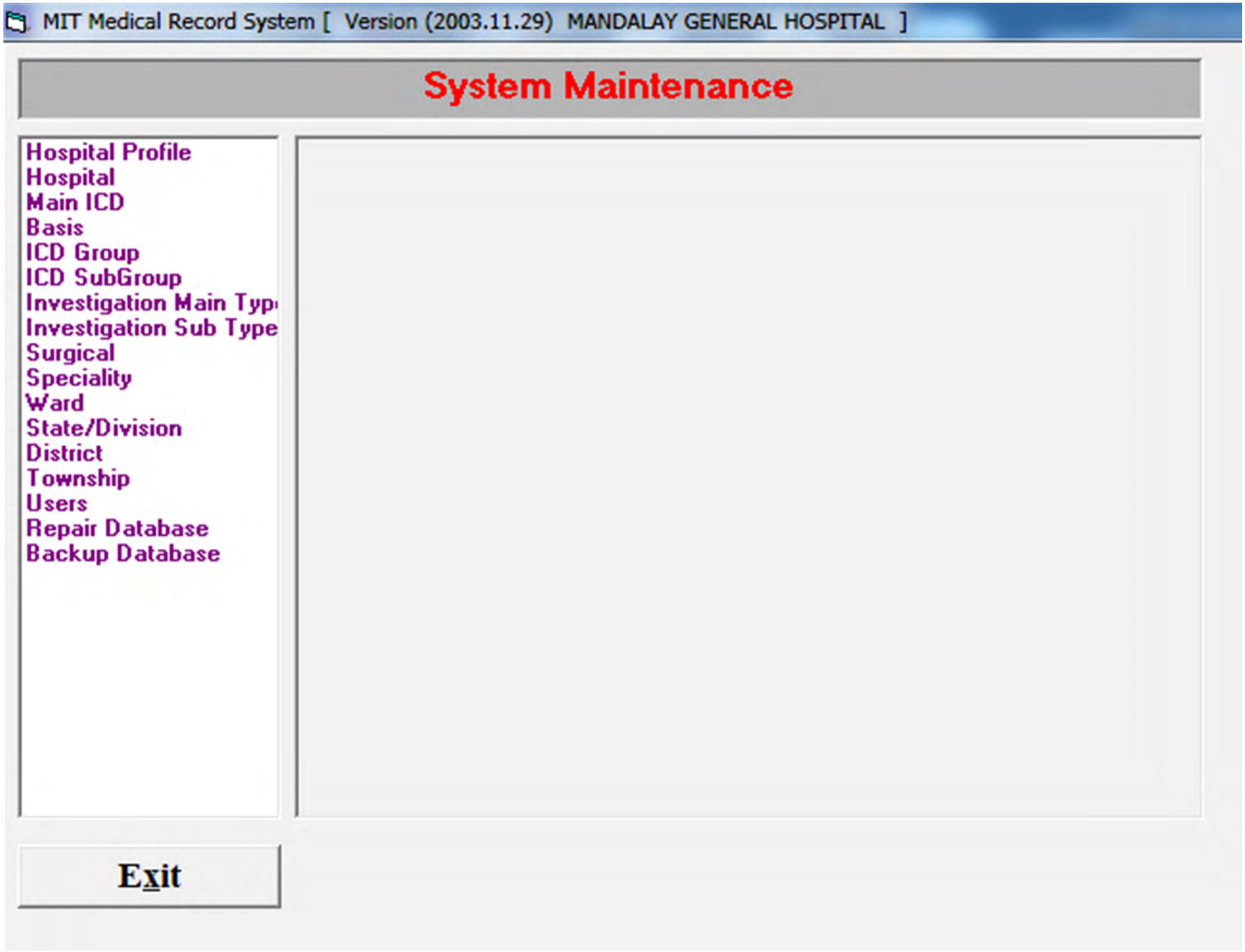

MIT Medical Record System [Version (2003.11.29) MANDALAY GENERAL HOSPITAL]
Medical Record Management System
Department of Health Planning
Ministry Of Health
Registration
Maintenance
Report
Exit
3:09 PM
07/09/2016


MIT Medical Record System [Version (2003.11.29) MANDALAY GENERAL HOSPITAL]
Registration
Diagnosis
Investigation
Treatment & Discharge
Year
Admission No :
18
000001
Physician Incharge :
Hospital
Patient No.
Year
Patient Reg. No :
0518
16
Speciality :
Ward :
Admission Date :
07/09/2016
Discharge Date :
07/09/2016
Nature Of Admission :
Emergency
OPD
Stay(Days) :
1
Police Case
PATIENT BIODATA :
Patient Name :
dd / mm / yyyy
Date of Birth :
00
00
0000
Unknown
Age :
000
00
00
(Yr/Month/Day)
Place of Birth :
Ethnic Group :
NRC No :
Religion :
Father Name :
Marital Status :
Sex :
Mother/Spouse Name :
Occupation :
Contact Address :
Permanent Address :
Urban/Rural :
Township :
Unknown
District :
Unknown
State/Division :
UNKNOWN
Ward Transfer


MIT Medical Record System [Version (2003.11.29) MANDALAY GENERAL HOSPITAL]
Registration
Diagnosis
Investigation
Treatment & Discharge
Principal Diagnosis :
Co-morbidity :
Surgical Procedure :
Anaesthesia :
Anaesthetic Complication :
Accident :
Post Opt Complication :
Operation Type :
Biopsy Diagnosis :
Other Relevant Findings :
Staging :
Main ICD Browser
Search By ICD Code
Begins with
ICD Code
ICD Description
Basic
A01.0 Enteric fever/typhoid fever 002
A01.1 Paratyphoid fever A 002
A01.2 Paratyphoid fever B 002
A01.4 Paratyphoid fever, unspecified 002
A02.1 Salmonella septicaema 006
A02.9 Salmonella infections 006
A03.9 Bacillary Dysentery 003
A04.9 Bacterial intestinal infection, unspecif 006
A06.0 Amoebic dysentery/Amoebic colitis 004
A06.1 Chronic intestinal amoebiasis 004
Select
Cancel


MIT Medical Record System [Version (2003.11.29) MANDALAY GENERAL HOSPITAL]
Registration
Diagnosis
Investigation
Treatment & Discharge
Transaction Date : 07/09/2016
Investigation Main Type :
No.
SubType Code
SubType Description
Image File Path
3
Details
REFRESH
Investigation Type Browser
Search By Main Invest Code
Begins with
Main Invest Code
Main Invest Name
Sub Type Code
Sub Type Name
01 X-Ray 001 X-Ray
02 USG 001 USG
03 MRI 001 MRI
04 CT Scan 001 CT Scan
05 Biopsy 001 Biopsy
06 P.A.P.Smear 001 P.A.P.Smear
07 H.V.S 001 H.V.S
08 Radio Isotope 001 Radio Isotope
09 Echo 001 Echo
10 ECG 001 ECG
Select
Cancel


MIT Medical Record System [Version (2003.11.29) MANDALAY GENERAL HOSPITAL]
Registration
Diagnosis
Investigation
Treatment & Discharge
TREATMENT
DISCHARGE
Discharge Status :
MO Name :
Autopsy :
Ward Transfer


MIT Medical Record System [Version (2003.11.29) MANDALAY GENERAL HOSPITAL]
System Maintenance
Hospital Profile
Hospital
Main ICD
Basis
ICD Group
ICD SubGroup
Investigation Main Typ
Investigation Sub Type
Surgical
Speciality
Ward
State/Division
District
Township
Users
Repair Database
Backup Database
Exit

MIT Medical Record System (Reports) [Version (2003.11.29) MANDALAY GENERAL HOSPITAL]
Administrative Report
All Causes of Morbidity and Mortality by Sex
The Leading Causes of Morbidity / Mortality by Sex and Duration of Stay
All Causes of Morbidity and Mortality by Age Group
Discharges and Death by Causes, Sex and by Age Group
Discharges and Death by Ward, Sex and by Month
Catchment Areas
Morbidity & Mortality Statistics

Ministry of Health

The Republic of the Union of Myanmar

Annual Hospital Statistics Report 2013

Department of Public Health

in collaboration with

Department of Medical Services

Nay Pyi Taw, Myanmar

www.moh.gov.mm

Data Sharing on Request

Date	Items	Department/Person	Uses
1.6.2016	Hospital administrative indicators and morbidity and mortality 2010 -2014	Department of Medical Services	Hospital Management
1.6.2016	Snake Bite 2013-2014	Dr Khin Thidar Thwin	Presentation in abroad
23.6.2016	Chronic kidney disease and chronic renal failure in Yangon region 2010-2014	Dr Khin Thidar Thwin	Presentation to Foreign team
24.6.2016	Accident and injury	Department of Medical Services	Accident Prevention committee

Hospital Net Death Rate

- Death rate, also known as the institutional death rate that does not include deaths which occur within 24/48 hours of admission

$$\frac{\textit{Deaths minus those within 24/48 hours of admission in a given period} * 100}{\textit{Total number of discharges and deaths minus deaths within 24/48 hours for the period}}$$

Anesthesia death rate

- The ratio of anesthesia deaths caused by anesthetic agents for a period time to the number of anesthetics administrated for the same period. Since anesthesia deaths occur infrequently, this rate will be a computed on an annual basis

$$\frac{\text{Total number of deaths caused by anesthetic agents for a period X 100}}{\text{Total number of anesthetics administrated for the period}}$$

Post operative death rate

- A post operative death is one occurring within 10days following an operation (the day of surgery plus 9).a postoperative death is due to, or connected with the operation

$$\frac{\text{Total number of deaths within 10 days postoperative for a period } * 100}{\text{Total number of patients operated upon for the period}}$$

Post operative infection rate

- Post operative infection rate is the ratio of all infections in clean surgical cases to the number of operations performed by that surgical unit. If a wound infection rate is need to calculate, it must be specified out of all operations or out of all clean operations.

$$\frac{\text{Number of infections in clean surgical cases for a period}}{\text{Number of surgical operation for the period}} \times 100$$

Caesarean Section rate

$$\frac{\text{The number of caesarean sections performed}}{\text{Total number of deliveries in the period}} \times 100$$

Unexpected Outcomes Occurrence Screening Report

Sr.No	Indicator	Present
1	Unexpected transfer to another acute facility	
2	Unscheduled return to operating room	
3	Unplanned organ removal /repair subsequent to or during surgery	
4	Neurological deficit not present on admission	
5	Patient fall resulting in injury	
6	Nosocomial infection	
7	Hospital-acquired decubitus	
8	Unscheduled admission following outpatient surgery	
9	Patient discharge against medical advice	
10	Post-surgical death	
11	Medication error or adverse drug reaction	
12	Transfusion error or transfusion reaction	
13	Return to intensive care unit within 24 hours of transfer to nursing unit	
14	Abnormal physiological findings documented without further investigation or resolution	
15	Complication attributed to anesthesia	

Opportunity and Challenges

Opportunity for strengthening of HMIS

- Strong political commitment
- More donor interest to support HMIS
- New technology/Electronic system
- Willingly to submit report by private hospitals

Challenges

- Lack of written health information policy
- Less interest in proper systematic record documentation by health professionals
- Deficient systematic medical record and health care registration keeping system
- Weakness in infrastructure of health information staff/ medical record technicians in hospitals
- Weakness in supervision and monitoring & feedback system
- Limited skilled person at every levels both quantity and quality

Challenges (Cont:)

- Inadequate material support for medical record keeping such as medical record forms, file cover, shelf,
- Inadequate support of IT facilities including network for electronic registration and reporting system
- Performance of medical record documentation audit is lacking
- Inclusion of HIS in pre-service curriculum of health professionals is lacking except Midwifery training
- Missing information from private sector and traditional hospitals

Requirements to be fulfilled for achieving targets

- Commitment from the higher level for upgrading medical record /hospital information Department at hospitals
- Restructure of medical record department and appointment of medical record technicians with standard operating procedure
- Cooperation and collaboration among DPH, DMS, DHR, DTM
- Adequate supply of materials and IT facilities
- Regular supportive supervision , monitoring and feedback system
- Perform medical record documentation audit regularly

Requirements to be fulfilled for achieving targets (Cont:)

- Conduct training on ICD 10 and medical record system to medical doctors as well as medical record technicians
- Create new course for medical record technicians/Health information personnel and trained as professionals
- To promote career development for medical record technicians/Health information person
- Develop, Upgrade and update the software used in all subsystems of Health information
- Need to collect hospital mortality with international death certificate forms for underlying cause of death in hospitals

Other comments

- Health personnel need to aware importance of health information and documented each and every activities
- Promote utilization of health information for evidence based decision making

Future Plan
HIS Strategic Plan (2017-2021)

VISION, MISSION AND GOAL OF HIS MYANMAR

VISION

A strong Health Information System for a strong health system

MISION

Generating and making accessible comprehensive, integrated and timely health information for decision making at different levels of health system

GOAL

To provide complete, valid, reliable and timely health information for making right decisions at the right time to ensure an equitable, effective, efficient and responsive health system

Strategic Areas of the HIS Action Plan 2017-2021

- Strategic Area 1. Public Health Information
- Strategic Area 2. Hospital Information
- Strategic Area 3. Private sector information
- Strategic Area 4. Vertical Reporting System
- Strategic Area 5. Human Resource Management Information
- Strategic Area 6. Logistic Management Information
- Strategic Area 7. Financial Management Information
- Strategic Area 8. Epidemiological Surveillance Information
- Strategic Area 9. Civil Registration and Vital Statistics
- Strategic Area 10. Population-based Surveys & Research Findings
- Strategic Area 11. Utilization of Health Information
- Strategic Area 12. Advanced IT Development.

Health Information

- New Organizational Set up
- Development of Health Information Policy
- Establishment on Bachelor degree of Health Information Management and Post Graduate Diploma or Master of Health Information Management or Health Informatics
- Development of Dashboard on Health Information

Public Health Information

- Roll out of E-HMIS using DHIS2 in remaining Regions/States (Kachin, Shan, Ayeyarwady and Rakhine)
- Continuous monitoring and feedback on implementation of E-HMIS
- Field supervision to Townships with weakness in implementation of E-HMIS
- Refresher training on E-HMIS to statisticians from Regions/States
- Review on implementation of E-HMIS
- Utilization workshop on HMIS data
- Training on database management

Hospital Information

- Training of Medical Record Technicians on ICD-10 and computer assisted medical record system
- Training of Assistant Medical Superintendent on ICD-10
- Field supervision on ICD-10 coding audit
- Development of Electronic Hospital Reporting System
- Encourage on data collection from registered private hospitals
- Development of open MRS for patient recording

Demographic and Health Survey

- National Seminar on MDHS
- Launching of Final MDHS Report at central level as well as Region/State level

Think ??????????????

Scenario

The health Minister visited one district hospital. DMO said that during the last three months, an average of 200 malaria patients per month were admitted to his hospital. He said he needed more doctor and medicine.
How would you manage in this case?

Think ??????????????

- Are these actually malaria cases?
- What type of malaria cases, pf, pv, pm, po?
- What is load of malaria cases admitted to this hospital during the last three or four years in the same months?
- Is there any man-made developmental projects constructed near-by?
- Is there mass movement of people or displaced people due to any reason?

Think ??????????????

- What is the present health manpower pattern of his hospital?
- What is the case fatality rate of admitted malaria patients?
- How many private practitioners or private clinics are prevailing in the catchment area of this hospital?
- Why it is that more cases are coming to your hospital? Detailed discussion is required to elicit many underlying situations leading to this scenario.

The information generated should be considered critically

If there is a real increase in malaria cases, it is beneficial to expand the malaria control activities rather than by increasing the number of doctors in the hospital

The information generated should be considered critically

As an interim measure, additional doctors may be assigned on a temporary basis, if the CFR is high and the present number of doctors cannot cater the present workload of malaria cases

The information generated should be considered critically

Special attention should be given to malaria prevention and control activities in the development projects constructed near by.

The information generated should be considered critically

The root cause should be identified rather than giving symptomatic treatment

Thank you